

<b>Case Number:</b>	CM13-0055411		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52year old woman with a history of major depression and chronic pain in the neck, upper extremities and low back due to a work-related injury that was sustained on 2/22/06. Her chronic pain is managed by a pain-specialist. The diagnosis includes lumbar disc with radiculitis, degeneration of lumbar disc, lumbar post-laminectomy syndrome and reflex sympathetic dystrophy. The injured worker had a right L4-L5 and L5-S1 laminectomy in 2006 and has since been treated with physical therapy, psychological counseling and oral analgesic medications including narcotic and non-narcotic medications. The medical record is reviewed including encounters with the treating pain specialist dated 5/29/13, 8/14/13, 10/14/13, 11/11/13, 12/9/13 and 1/7/14. On 10/14/13 the patient was evaluated by the pain specialist. Her complaints included ongoing pain 9/10 described as generalized across the neck, low back and bilateral extremities, she notes that her pain medications adequately control the pain. Physical exam notes the injured worker has an antalgic gait, she uses a cane. The lumbar spine has decreased range of motion with muscle guarding and cervical spine decreased motion. Bilateral upper extremities have motor strength 5/5 with sensation intact. A pain disability index indicates the pain is causing disruption in self care, occupation, social activity, family responsibilities and sexual behavior. A urine drug test is noted 5/29/13 and is appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**OMEPRAZOLE 20 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs or that they have any risk factors for gastrointestinal events. According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.

**SENNA 8.6MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Federal Drug Administration (FDA) (SENNA)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.Com- Senna Drug Information

**Decision rationale:** The MTUS is silent with regards to the use of senna for chronic pain. Senna is FDA approved for the short-term treatment of constipation; evacuate the colon for bowel or rectal examinations. The documentation does not support that the injured worker is suffering from constipation or having a colon or rectal examinations. The chronic use of senna is not medically indicated.

**COLACE, SODIUM 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://drugs.com/ppa/docusate.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.Com- Colace Drug Information

**Decision rationale:** The MTUS is silent regarding the use of colace. The FDA approved use for colace is as a stool softener in patients who should avoid straining during defecation and constipation associated with hard, dry stools. It is shown to be ineffective used long-term. In this case there is no documentation indicating that the patient has suffered from constipation and therefore the medication is not medically necessary.

**LIDODERM PATCHES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

**Decision rationale:** Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or and AED (gabapentin or lyrica). Not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. The patient is not being treated for post-herpetic neuralgia, which is the only approved use for topical lidocaine and there is no documentation of trial of first-line therapy. The use of lidocaine patch is not medically necessary.

**DIAZEPAM 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** In this case the injured worker is being treated for chronic neck, low back and extremity pain. According to the MTUS section on chronic pain benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case the use of diazepam, which is a drug that belongs to the benzodiazepine class, is not medically necessary.

**VICODIN ES 7.5/300:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** Vicodin ES 7.5mg/300mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opiod agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opiods, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is

unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The documentation doesn't support that the use of vicodin in this case is improving pain and function. The functional assessment doesn't show an improvement with the use of vicodin and the injured workers pain is still rated at 9/10. The continued use of vicodin isn't medically necessary.

**OXYCONTIN 10MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The injured worker is taking long acting narcotic medication for chronic pain of the neck, low back and bilateral arms. The pain is continually rated at 9/10 and the exam shows no deficit in the extremities and decreased range of motion of the neck and lumbar spine. Her functional assessment done 10/13 indicates that chronic pain impairs all areas of function. Oxycontin is a long-acting opioid used to stabilize medication levels and provide around-the-clock analgesia to patients with chronic pain. According to the MTUS the use of opioid pain medication appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16weeks), but also appears limited. For on-going management of a patient being treated with opioids the MTUS recommends that prescriptions from a single practitioner are taken as directed and all prescriptions are to be obtained by a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status and appropriate medications use and side effects be documented at the time of office visits.

**CELEBREX 100MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,68.

**Decision rationale:** All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this

case the injured worker has been using Celebrex chronically. Celebrex is not medically necessary.