

<b>Case Number:</b>	CM13-0062799		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/26/2001
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The underlying date of injury in this case is 11/26/2001. The primary diagnosis is chronic low back pain as well as chronic neck, thoracic, and bilateral knee pain to to internal derangement. On 10/21/2013, the patient's primary treating physician saw the patient in followup and noted her condition was unchanged, and she was taking medications including Xanax, Valium, lortab, Norco, and Prilosec. The patient reported continuous pain in the neck and lumbar spine and also complained of continued pain and swelling in the left knee and left ankle and radiating pain to the left associated with numbness and tingling. The patient was felt to have internal derangement of the knee as well as neck sprain and lumbosacral sprain. The treating physician recommended Xanax with noting reference stating that psychological treatment for persistent pain is more effective than traditional methods for promoting pain management. The treating physician also recommended Valium, referring to a reference on antiepileptic drugs for neuropathic pain. The physician also recommended lortab and Norco as opioid medications for pain and recommended Prilosec, noting a guideline indicated this is recommended for patient's at intermediate risk for gastrointestinal disease. Additionally, the treating physician recommended additional sessions of pool therapy to improve strength, stability, range of motion, and decreased pain in a low-gravity environment. An initial physician review recommended noncertification of the treatment requests currently being considered. That reviewer indicated that there was no documentation the patient has insomnia, sleep disorder, or functional benefit indicated for Xanax, that there was no documentation that the patient had spasm in the lumbar spine or noted indication for Valium. The physician noted that there is no documentation as to why this patient required hydrocodone with acetaminophen in 2 different forms, in other words, both Norco and lortab. The reviewer indicated that there was no indication

as to why this patient would have the gastrointestinal symptoms to require the use of Prilosec. That reviewer also noted that this patient had recently completed a successful course of aquatic therapy, and there was no indication as to why additional supervised therapy was needed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**XANAX XT 0.5MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, states that benzodiazepines are not recommended for long-term use and are the treatment of choice in very few conditions. The guidelines, therefore, do not support this treatment. The treating provider discusses this medication as indicated due to guidelines which recommend psychological treatment for pain management. However, that guideline refers to psychological counseling but not to pharmacological management with benzodiazepines. This request is not medically necessary.

**VALIUM 10MG #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, recommends that this class of medications is not recommended for long-term use and that benzodiazepines are the treatment of choice in very few conditions. The treating physician notes in this case reference a guideline indicating the benefit of antiepileptic medications. However, that reference guideline does not discuss Valium as a neuropathic pain medication. Overall the medical records and guidelines do not support this request. I recommend this be noncertified.

**LORTAB 7.5/500MG #60 WITH TWO REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Pain Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, discusses at length indications for ongoing management of opioids including documentation of the 4 A's of opioid management. The medical records do not contain such details to support an overall long-term functional benefit from opioids. Moreover, it is unclear why this patient would require hydrocodone/acetaminophen simultaneously in the form of Lortab and Norco. This request is not supported by the treatment guidelines. This request is not medically necessary.

**NORCO 10/325MG #60 WITH THREE REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Pain Management Page(s): 78.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, discusses at length indications for ongoing management of opioids including documentation of the 4 A's of opioid management. The medical records do not contain such details to support an overall long-term functional benefit from opioids. Moreover, it is unclear why this patient would require hydrocodone/acetaminophen simultaneously in the form of Lortab and Norco. This request is not supported by the treatment guidelines. This request is not medically necessary.

**PRILOSEC 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications and Gastrointestinal Symptoms, page 68, recommends that the physician should determine if the patient is at risk for gastrointestinal events. The treating physician notes reference in general that proton pump inhibitors can be utilized to reduce the risk of gastrointestinal events. However, the records provide only a general reference and not a specific clinical rationale for this particular patient. Moreover, the records are unclear as to why this patient would simultaneously require both Prilosec and Pepcid. For these reasons, this request is not medically necessary.

**PEPCID:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/pro/famotidine-oral-suspension](http://www.drugs.com/pro/famotidine-oral-suspension)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Page(s): 68.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Anti-inflammatory Medications and Gastrointestinal Symptoms, page 68, recommends that the physician should determine if the patient is at risk for gastrointestinal events. The treating physician notes reference in general that proton pump inhibitors can be utilized to reduce the risk of gastrointestinal events. However, the records provide only a general reference and not a specific clinical rationale for this particular patient. Moreover, the records are unclear as to why this patient would simultaneously require both Prilosec and Pepcid. For these reasons, this request is not medically necessary.

**POOL THERAPY (16 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines Section on Physical Medicine, page 99, recommends the physician should allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines, therefore, anticipate that this patient would have transitioned by now into an independent rehabilitation program given significant past therapy which has been provided. It is not clear from the medical records or guidelines why additional supervised aquatic therapy should be indicated at this time. This request is not medically necessary.