

<b>Case Number:</b>	CM13-0068001		
<b>Date Assigned:</b>	02/13/2014	<b>Date of Injury:</b>	09/06/2006
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 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 patient was injured on 09/06/2006. Mechanism of injury is unknown. She carries a diagnosis of rheumatoid arthritis, insomnia and chronic pain. Diagnostic studies reviewed include urine drug screen dated 09/08/2013 showing test was not performed due to insufficient sample to perform test. It was noted that the pH of the urine test was abnormally high. Subjective, objective, assessment and plans (SOAP) note dated 08/28/2013 documented the patient to have complaints of bilateral hand/wrist pain, aching in the low back with radiation to bilateral lower extremities, pain is associated with tingling in the hands in the hands, and weakness in the arm and legs. Pain is constant in frequency and severe in intensity. On a scale of 0-10 she rates the severity of the pain as 8, but as 6 at its best and 10 at its worst. She continues to take all her medications as prescribed. The patient states that the symptoms have been unchanged since the injury. Objective findings on exam included she is alert and oriented x4 with appropriate mood and pleasant affect with no somnolence. She ambulates with a cane. Examination of bilateral shoulders reveals negative Drop arm test, negative Yergason's test, negative crossed arm adduction test. There is reduced range of motion on flexion and abduction. There is tenderness to palpation over the posterior aspect of the right shoulder. Examination of the lumbar spine reveals range of motion reduced. Tenderness to palpation over the bilateral lumbar paraspinal muscles. Positive lumbar facet loading maneuver bilaterally. There is negative straight leg raise test in the seated position. Examination of bilateral knees reveals crepitus is noted to left knee. Knee with tenderness to palpation. Motor strength testing: There is normal bulk and tone in all major muscle groups of the upper and lower extremities. No atrophy is noted. Motor strength is 5/5 and symmetric throughout the bilateral upper and lower extremities. SOAP note dated 12/17/2013 documented the patient continues to be without medications. She continues to use Aleve that does not help with her pain. Continues to complain of low back pain with radiation to bilateral

LE, and pain to bilateral shoulders with radiation to bilateral hands. The pain is associated with tingling in the hands and feet. The pain is constant in frequency and severe in intensity. She rates the severity of the pain as 10, but as 8 at its best with Aleve and 10 at its worst. She used to take Vicodin prescribed by her PCP, this relieved her pain by 50%. The patient avoids socializing, exercising, shopping. She has difficulty sleeping and reports depression symptoms given worsening pain. Objective findings on exam included she ambulates with a cane. Musculoskeletal exam: Positive Hawkin's test on the right. Bilateral shoulders reduced ROM on flexion and abduction. Tenderness to palpation over the bilateral lumbar paraspinal muscles. Positive lumbar facet loading maneuver bilaterally. Examination of bilateral knees: Moderate swelling in the right ankle. Motor Strength: There is normal bulk and tone in all major muscle groups of the upper and lower extremities. No atrophy is noted. Motor strength is 5/5 throughout the bilateral upper and lower extremities.

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

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

**ANAPROX 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 67-69 and 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65-69.

**Decision rationale:** According to the CA MTUS guidelines NSAIDs are an option for short-term symptomatic relief of chronic low back pain and a second-line treatment after acetaminophen, for acute exacerbations of chronic pain. The patient reports taking Aleve, and continues to report pain levels of 8-10/10. Previously, her medication regimen also included Norco 10/325 which reduced the pain to 50% and improved her quality of life. It is not established that Anaprox would be any more effective than her current medication, Aleve. The medical necessity of Anaprox 550 mg, #60 has not been established.

**OMEPRAZOLE 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 67-69 and 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to the referenced guidelines, a proton pump inhibitor should be recommended for patients at risk for gastrointestinal events. The medical records do not reveal any having any subjective gastrointestinal complaints such as epigastric abdominal pain, nausea/vomiting, GERD, or changes in her stool. There is no documented history of GI bleeds in the past, GERD or peptic ulcer disease. Furthermore, there are no records of an abdominal exam provided. The only documentation of the use of Prilosec was in a clinic note under the plan

stating "currently using Prilosec prescribed by our clinic and this is relieving and preventing any gastric upset caused by the use of Aleve." The medical records do not establish that the patient presents with factors that would indicate she requires use of a proton pump inhibitor. Therefore, the medical necessity of Omeprazole 20 mg, #60 has not been established.

**TRAZODONE 50mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 67-69 and 74-82.

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

**Decision rationale:** According to the Official Disability Guidelines, sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have been used to treat insomnia; however, there is less evidence to support their use for insomnia. The medical records document the patient's medication history included Trazodone for sleep secondary to pain. Furthermore, in a note the patient is stated to have improved sleep, 6-7 hours, with less morning pain after using trazadone. Thus the request for trazadone is certified.

**HYDROCODONE/APAP 5/325 #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16, 67-69 and 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 88-94.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, "(d) Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The guidelines also note that opioids, may be efficacious for short-term use, but the efficacy of long-term use is limited. The SOAP note dated 12/17/2013 documents she takes Aleve, and reports 8-10/10 pain levels. Furthermore, the note states that previously her medication regimen also included Norco 10/325 which reduced the pain to 50% and improved her quality of life. Thus, the medical necessity of Hydrocodone/APAP 5/325, #60 is established.