

<b>Case Number:</b>	CM14-0009336		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	06/11/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 11, 2009. Thus far, the applicant has been treated with analgesic medications; psychotropic medication; a cane; and opioid therapy. In a progress note dated December 30, 2013, the applicant reported severe, stabbing low back pain radiating to the left leg. The applicant was using cane for ambulation. The applicant was off of work and now in the process of applying for Social Security Disability, it was acknowledged. The applicant was on Norco, BuTrans, Zanaflex, Zyprexa, and Cymbalta. The applicant's mood had reportedly been ameliorated with Zyprexa and Cymbalta, it was suggested. The applicant denied any suicidal ideation. The applicant was using Zantac and omeprazole for dyspepsia. Overall levels of pain were rated in 8/10 range. The applicant did exhibit a significant limp. A variety of medications were refilled. The attending provider stated that the applicant's medications were helpful but did not elaborate upon and precisely how they had helped, with the exception of psychotropic medications. A rather proscriptive 10-pound lifting limitation was endorsed, which the applicant was apparently unable to accommodate. In a Utilization Review Report dated January 13, 2014, the claims administrator failed to approve request for BuTrans, Norco, Mobic, omeprazole, Zantac, Zanaflex, Ambien, and Zyprexa. The applicant's attorney subsequently appealed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BuTrans Pain Patches (20mcg/hr, 1 patch per week, #4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine topic Page(s): 26-27.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines do support provision of buprenorphine or BuTrans for the treatment of opioid addiction and/or for chronic pain in applicant's who have previously detoxified from opioid therapy, in this case, however, it is not clearly stated why buprenorphine or BuTrans is being employed. The fact that the applicant is concurrently using Norco implies that the applicant is not, in fact, using BuTrans or buprenorphine for opioid detoxification or opioid addiction treatment purposes. No rationale for ongoing usage of BuTrans has been provided. Therefore, the request for BuTrans is not medically necessary.

**Norco (10/325mg tabs, 1 to 2 tabs every 4-6 hours as needed for breakthrough pain, limit of 4-5 tablets per day, #140):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off work. The applicant's pain complaints appear to be heightened, as opposed to reduced, despite ongoing medication use. The applicant is consistently reporting pain in the 8/10 or greater range. There has been no clear discussion of what activities of daily living, if any, have specifically been ameliorated as a result of ongoing opioid usage. The applicant is seemingly having difficulty to perform even basic activities of daily living, including ambulation, and is still using a cane for the same. All the above, taken together, imply that ongoing usage of Norco has not been beneficial. Therefore, the request is not medically necessary.

**Mobic (15mg daily for inflammation and pain):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories, NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 7, 22, 69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Mobic do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Guidelines state that an attending provider should incorporate some discussion on medication efficacy into his choice of recommendations. In this case, however, there has been no clear discussion or demonstration of medication efficacy with ongoing Mobic usage. The applicant is seemingly off of work. The applicant continues to report pain in the 8/10 range or greater. The applicant remains highly reliant and highly dependent on opioid medications, such as Norco. The applicant, furthermore, is reporting ongoing dyspepsia with medication usage, including ongoing Mobic. For all the stated reasons, then, the request is not medically necessary.

**Omeprazole (40mg daily for dyspepsia, #30):** Overturned

**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 NSAIDs, GI Symptoms, Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, ongoing use of proton-pump inhibitors, such as omeprazole, are indicated in the treatment of NSAID-induced dyspepsia, as is present here. The applicant does report ongoing issues with dyspepsia, reflux, and/or heartburn, reportedly a function of NSAID and/or opioid usage. Ongoing usage of omeprazole to combat the same is indicated. Therefore, the request is medically necessary.

**Zantac (150mg - twice a day for dyspepsia, #60):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, H2 antagonists, such as Zantac, are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant does have ongoing issues with dyspepsia, reportedly induced as result of Mobic and/or Norco usage. Ongoing usage of Zantac, an H2 antagonist, to combat the same, is indicated. Therefore, the request is medically necessary.

**Zanaflex (6mg capsules, 1 capsule every 6 hours as needed for back spasms, #60):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 66, 7.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines does acknowledge that Zanaflex is FDA approved in the treatment of spasticity and can be employed off label for low back pain. In this case, however, the applicant is seemingly off of work. There has been no clear demonstration of medication efficacy with ongoing Zanaflex usage. The applicant has permanent work restrictions, which remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioids such as Norco and BuTrans. All the above, taken together, imply a lack of functional improvement, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.

**Ambien (10mg, 1 every night for insomnia due to pain, #30): 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, Zolpidem (Ambien).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide.

**Decision rationale:** While the California MTUS Guidelines do not specifically address the topic, the Chronic Pain Medical Treatment Guidelines do stipulate that an attending provider using a drug for non-FDA labeled purposes has onus or responsibility to be well informed regarding usage of the same and should, furthermore, furnish some compelling medical evidence to support such usage. In this case, the FDA notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. The Ambien, thus, is not indicated for the chronic, long term, and/or scheduled use purpose, which are seemingly being proposed here. No rationale or medical evidence has been proffered by the attending provider so as to encounter the unfavorable FDA recommendation. Therefore, the request is not medically necessary.

**Zyprexa (5mg, #30): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** According to the ACOEM Practice Guidelines continuing with an establish course of antipsychotics is important. In this case, the applicant is using Zyprexa, an atypical antipsychotic, reportedly to combat issues of depression. Unlike the other pain medication, the attending provider has specifically posited that ongoing usage of psychotropic medications, including Zyprexa and Cymbalta, has specifically ameliorated the applicant's depressive symptoms and that the applicant denies any suicidal intent or suicidal ideation with the same. Continuing Zyprexa, then, is indicated. Therefore, the request is medically necessary.

