

<b>Case Number:</b>	CM14-0009413		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	05/11/2006
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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:

This is a 49 year-old male who has reported head, low back, neck, shoulder, and all-extremity pain after an injury on 5/11/06. The diagnoses include cervical radiculopathy, carpal tunnel syndrome, head injury, multiple strains, and degenerative changes. Treatment has included multiple medications, multiple specialist referrals, a neurosurgeon referral certified in Utilization Review on 8/15/13, physical therapy, injections, and chiropractic. Per an AME on 3/17/13, the injured worker had not worked his usual job since 2006, and he had stopped a very light part time job. A cervical MRI was reported to show a small herniated nucleus pulposus at multiple levels without actual cord impingement. There were no neurological deficits in the upper extremities and no specific symptoms of cord compression. Electrodiagnostic testing of the upper extremities was normal. Pain was progressively worse at the time of the evaluation, and included most of the body. Sleep was poor. Medications were discussed, but none were discussed in light of the MTUS or equivalent guideline, and none were discussed in light of the specific results of use to date. An orthopedic evaluation was recommended for further evaluation of the various painful areas, not for consideration of a specific surgery. Oral NSAIDs have reportedly caused dyspepsia, per multiple reports from the primary treating physician, including the report of 11/18/13. Voltaren gel was started on 11/18/13. Periodic reports from the primary treating physician show ongoing high pain levels, slight pain decrease with medications, no specific functional improvement, and no specific results of using any single medication. No physician reports discuss the results of the urine drug screens. Per the PR2 of 12/18/13, there was ongoing pain aggravated by all usual activity as well as being in bed. The listed medications included those now under Independent Medical Review, as well as Pristiq. Esophageal reflux was present and attributed to unspecified medications. Klonopin helps with pain and psychiatric symptoms. Baclofen helps with sleep. Gabapentin helps extremity pain. A neurosurgeon

evaluation was pending, to evaluate cervical cord abutment. Work status was stated to be "P&S". On 1/17/14 pain with medications had increased to 8/10 from 7/10. The report otherwise had the same information as prior reports. Subsequent PR2s do not reflect any significant changes in prescribing or the injured worker's condition. On 11/28/12 and 5/20/13 a urine drug screen was negative for all drugs tested, including benzodiazepine. On 4/22/13 a UA, complete blood count, serum chemistry, and urine drug screen were performed. The urine drug screen was negative for baclofen, ibuprofen, and sub-therapeutic for benzodiazepine. At the next and subsequent office visits, the urine drug screen results were not discussed and all medications were continued as before, with the same stereotyped statements about use and benefit. A 10/11/13 urine drug screen was negative for benzodiazepine and all other drugs tested. A UA, complete blood count, and blood chemistry on that date were normal. On 1/16/14 Utilization Review non-certified the items now under Utilization Review, noting the lack of specific medical necessity, the recommendations of the MTUS and the Official Disability Guidelines, and the neurosurgical referral that was already certified and still pending. Utilization Review was responding to the PR2 of 12/18/13.

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

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

**Voltaren 1%, quantity: 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Topical Medications Page(s): 60, 111-113.

**Decision rationale:** Per the MTUS page 60, medications are to be given individually, one at a time, with assessment of specific benefit for each medication. After Voltaren gel was added to the list of ongoing medications, there was no evidence of a significant decrease in pain or increase in function. The primary treating physician also referred to "GERD" and did not provide an adequate evaluation of the cause and treatment. In addition to any other reason for lack of medical necessity for this topical agent, they are not medically necessary on this basis at minimum. Per the MTUS, topical NSAIDs for short term pain relief may be indicated for pain in the extremities caused by OA or tendonitis. There is no good evidence supporting topical NSAIDs for axial pain. There are no clear indications in this case for Voltaren gel. The treating physician did not provide the specific indications as per the MTUS. Voltaren gel is not medically necessary based on the MTUS and the other reasons listed above.

**Protonix 40mg, quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK, 68 Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen on record. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. The treating physician has noted continuation of symptoms after oral NSAIDs were stopped, yet did not pursue further evaluation, even after discussing the cancer risk associated with esophageal reflux. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Protonix are not medically necessary based on lack of medical necessity, lack of sufficient evaluation, and risk of toxicity.

**Klonopin 2mg, quantity: 30:** 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 Benzodiazepines; Muscle Relaxants Benzodiazepines Page(s): 24, 66.

**Decision rationale:** The MTUS does not recommend benzodiazepines for long term use for any condition. The treating physician did not address the multiple urine drug screens which were negative for benzodiazepine, and the one which had a sub-therapeutic level. It does not appear that this injured worker is taking clonazepam as prescribed, and this has not been adequately addressed by the physician. In light of the MTUS recommendations and the urine drug screen results, clonazepam is not medically necessary.

**Baclofen 10mg, quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Antispasticity Drugs Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. Baclofen is for spasticity and possible neuropathic pain. Spasticity is not present in this case. There is no evidence of neuropathic pain. A urine drug screen was negative for baclofen, and this result was never addressed by the primary treating physician. It is therefore not likely that the injured worker is taking baclofen as prescribed, if at all. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for years. No reports show any specific and significant improvements in pain or function as a result of prescribing

muscle relaxants. Baclofen is not medically necessary based on a failed drug test, lack of evidence that use is short term only, and the MTUS recommendations.

**Referral to Neurosurgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2007, Chapter 7 Independent medical examinations and consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-183.

**Decision rationale:** The ACOEM Guidelines Pages 180, 183 list the following as indicators for surgery: "Persistent, severe, and disabling shoulder or arm symptomsActivity limitation for more than one month or with extreme progression of symptomsClear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion, that has been shown to benefit from surgical repair in both the short and long-term.Unresolved radicular symptoms after receiving conservative treatment."The treating physician has not described the specific pathology for which surgery may be indicated. The MRI does not show a specific surgical lesion. There is no evidence of radiculopathy clinically or per the EMG. The patient's symptoms are non-specific and not indicative of a specific surgical lesion. The AME did not document surgical pathology in the neck. The criteria for surgery, per the MTUS, are not met and this referral is therefore not medically necessary.

**Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, drug screens, steps to avoid misuse/addiction, urine drug screen to assess for the use or the presence of illegal drugs, Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control, Opioid contracts: (9) Urine drug screens may be required, Opioids, steps to avoid misuse/addiction: c) Frequent random urine toxicology screens Page(s): 77-80, 94, 43, 77, 78, 89, 94. Decision based on Non-MTUS Citation Updated ACOEM Guidelines, 8/14/08, Chronic Pain, Page 138, urine drug screens.

**Decision rationale:** The treating physician has not provided any specific information regarding the medical necessity for a urine drug screen. Medical necessity for a urine drug screen is predicated on a chronic opioid therapy program conducted in accordance with the recommendations of the MTUS, or for a few other, very specific clinical reasons. There are no currently-prescribed opioids. The MTUS recommends random drug testing, not at office visits or regular intervals, which is what is occurring in this case. The results of the multiple failed drug tests to date have not been addressed at all by the treating physician. Assuming any valid indication for urine drug screens, none are medically necessary when the physician does not address the results in any way and continues to prescribe medications regardless of the results of

the test. Given the lack of an opioid therapy program and the failed drug tests to date, the urine drug screen is not medically necessary.

**Routine Labs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation A specific guideline cannot be cited because the requested service was not described in sufficient detail. In order to select the relevant guideline, the requested service must refer to a specific treatment, test, or referral. The request in this case was too generic and might conceivably refer to any number of guideline citations.

**Decision rationale:** "Routine labs" does not refer to any specific test or procedure. Medical necessity is not established by a generic reference of this sort. Given the thousands of lab tests that are available, the treating physician would need to provide a list of the specific tests and their indications. As this request stands now, medical necessity is not present due to the vague nature of the request.