

<b>Case Number:</b>	CM14-0100851		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 46 year old male was reportedly injured on August 25, 2008. The mechanism of injury is noted as a trip and fall type event. The most recent progress note, dated April 22, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated the injured employee working with an antalgic gait pattern, no gross deformity of the lumbar spine, tenderness to palpation a lower lumbar region and a decrease sensation in the L4 dermatomes, decrease in lumbar spine range of motion, motor and sensory are intact. However, deep tendon reflexes at the bilateral knees and bilateral ankles were reported to be absent. Diagnostic imaging studies objectified a stable clinical situation and changes consistent with a lumbar fusion. Previous treatment includes assessment for sleep apnea (polysomnography), polar function testing, cardiac assessments, selective nerve root blocks, acupuncture, physical therapy, and multiple medications. A request was made for multiple medications and was not certified in the preauthorization process on May 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate 100 mg twice a day QTY: 60.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

**Decision rationale:** Colace (Ducosate) is a stool softener, useful for the treatment of constipation. There is no clinical indication for this medication for this claimant. There is documentation of narcotic usage; however, there is no documentation of any subjective complaints of constipation or physical examination findings demonstrating this side effect. Colace is available as a generic formulation and it is also available as an over the counter product without a prescription. Therefore, based on the clinical information presented for review there is no medical necessity for this medication.

**Prilosec 20 mg twice a day QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** This is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease and can be considered as a gastric protectant in those individuals utilizing nonsteroidal medications. However, there are no complaints of gastric distress, gastrointestinal dysfunction, or either parameter to suggest the need of this medication. Therefore, based on the clinical information presented for review, noting that there are no specific complaints, there is no clinical indication for the continued uses medication. This is not medically necessary.

**Oxycodone 20 mg every 4-6 hours QTY: 150.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93 of 127.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) guidelines support short-acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic pain; however, there is no clinical documentation of improvement in their pain or increasing the overall functionality with the current regimen. As such, based on subjective complaints offered, the physical examination reported and the parameters noted within the MTUS this request is not considered medically necessary.

**Gabapentin 300mg every 12 hours QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines considers Gabapentin to be a first line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee is experiencing any neuropathic pain generator, nor are any radicular symptoms noted on physical examination. As such, when considering the findings noted on physical examination tempered by the stable clinical condition and the parameters noted in the MTUS this request for Neurontin is not medically necessary.

**Zanaflex 4 mg every 8 hours QTY:90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Page(s): 66 of 127.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha 2 adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as second line options for short term treatment. It appears that this medication is being used on a chronic basis which is not supported by Medical Treatment Utilization Schedule (MTUS) treatment guidelines. Furthermore, there is no evidence of spasticity only occasional muscle spasm. There is no noted spot or lesion to suggest spasticity exists in this clinical situation. Therefore, this medication is not medically necessary.

**Ambien 10 mg at bedtime QTY:30.00:** 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), Treatment Index, 6th Edition (web), 2008, Pain-Zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated October, 2014

**Decision rationale:** As outlined in the Official Disability Guidelines (ODG), Zolpidem (Ambien) is a prescription short acting nonbenzodiazepine hypnotic, which is approved for the short term (usually two to six weeks) treatment of insomnia. The guidelines specifically do not recommend them for long term use for chronic pain as the efficacy is not established and there

are significant side effect profiles that are of concern. As such, this request is not medically necessary.

**Valium 5 mg twice a day QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127.

**Decision rationale:** This medication is not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, when noting the side effect profile tempered by the findings on the physical examination the medical necessity for this medication has not been established.

**Retrospective request : Urine Drug Screen on 04/22/2014 QTY:1.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) criteria for use of opioids, page 78

**Decision rationale:** As outlined in the American College of Occupational and Environmental Medicine (ACOEM) guidelines, drug testing is recommended as an option when there are specific clinical indicators. In this case, there is no issue of abuse, addiction, poor pain control, misuse drug diversion or illicit drug use. As such, the criterion for seeking a urine drug screening has not been established. Therefore, this request is not medically necessary.