

<b>Case Number:</b>	CM14-0106463		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 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 patient is a 44-year-old male who has submitted a claim for lumbar disc degeneration and hypertension associated with an industrial injury date of August 8, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain with radiation to bilateral lower extremities rated 9/10. Exam shows antalgic gait, lumbar paravertebral tenderness, decreased S1 bilateral sensation and negative SLR tests. Blood pressure was noted to be 147/79, 160/100, and 145/80 on recent office visits. Treatment to date has included Norco (since at least Feb 2014), amlodipine (since at least Feb 2014), Butalbital (since at least Feb 2014), cyclobenzaprine (since at least Feb 2014), famotidine (since at least Feb 2014) and Zolpidem (since at least Feb 2014). Utilization review from July 3, 2014 denied the request for Norco 5/325mg #90 with 3 refills DOS: 5/027/2014, Amlodipine Besylate 10mg #30 DOS: 05/21/2017, Butalbital (Unspecified Dosage) #30 DOS: 05/21/2014, Cyclobenzaprine 5mg #45 DOS: 05/21/2014, Famotidine 20mg #60 DOS: 05/21/2014 and Zolpidem 10mg #30 DOS: 05/21/2014. The request for Norco was denied because there is no compliance with the guidelines as evidenced by absence of a current urine drug test, risk assessment profile, attempt at weaning/tapering and an updated signed pain contract between the provider and claimant. The request for amlodipine was denied because there is no documented medical necessity for the medication in the treatment of this patient's injury. The request for Butalbital was denied because the guidelines state that it is not recommended for chronic pain. Cyclobenzaprine was denied because there is no documented spasm in the physical exam. The request for famotidine was denied because the patient does not have GI symptoms or risk factors. The request for Zolpidem was denied because there is no documentation of current sleep disturbance, results of sleep behavior or modification attempts or any derive functional benefits from its previous use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg #90 with 3 refills DOS: 5/027/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Norco for pain since at least February 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #120: is not medically necessary.

**Amiodipine Besylate 10mg #30 DOS: 05/21/2017:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (amlodipine)

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the FDA was used instead. According to the FDA, amlodipine is used to treat high blood pressure (hypertension) or chest pain (angina) and other conditions caused by coronary artery disease. In this case, the patient was diagnosed with hypertension and the last blood pressure recordings were 147/79, 160/100, and 145/80. The medication may help lower the patient's blood pressure. Therefore, the request for Amiodipine Besylate 10mg #30 DOS: 05/21/2017 is medically necessary.

**Butalbital (Unspecified Dosage) #30 DOS: 05/21/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents Page(s): 23.

**Decision rationale:** As stated on page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics (BCAs) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. In this case, the patient complained of low back pain. However, it is already considered "chronic" as it had been present for several years. Moreover, the request is incomplete, as it does not contain the dosage of the medication being prescribed. Therefore, the request for Butalbital (Unspecified Dosage) #30 DOS: 05/21/2014 is not medically necessary.

**Cyclobenzaprine 5mg #45 DOS: 05/21/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, physical examination revealed spasm at the trapezius. Progress notes mentioned that the patient had been taking cyclobenzaprine since at least February 2014. This period is more than 2 weeks, which is the guideline recommended limit. Therefore, the request for Cyclobenzaprine 5mg #45 DOS: 05/21/2014 is not medically necessary.

**Famotidine 20mg #60 DOS: 05/21/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on

Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA  
(Famotidine)

**Decision rationale:** CA MTUS and ODG do not specifically address this topic. FDA states that Famotidine is an H2-receptor antagonist indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. It is prescribed to limit adverse gastrointestinal side effects. Patients at intermediate risk for GI events are recommended to have proton pump inhibitors. As stated on page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, which include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAIDs. H2-receptor antagonists or a PPI may be considered for patients with dyspepsia secondary to NSAID therapy. In this case, the patient was prescribed famotidine because of concurrent use of an NSAID. However, the progress note on 5/21/2014 do not mention any NSAID being taken by the patient. Moreover, the patient is also taking a PPI. Furthermore, there is no subjective complaints or objective findings pertaining to the gastrointestinal system that would necessitate this medication. Therefore, the request for Famotidine 20mg #60 DOS: 05/21/2014 is not medically necessary.

**Zolpidem 10mg #30 DOS: 05/21/2014:** 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) 5th Edition pain, 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, Zolpidem

**Decision rationale:** CA MTUS does not specifically address zolpidem. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. While sleeping pills are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming and they may impair function and memory. There is also concern that they may increase pain and depression over the long term. In this case, the patient was prescribed zolpidem since 02/2014. However, there is no documentation from the progress note from 5/21/2014 that the patient is having problems with sleeping. There was also no documentation that the patient had already tried proper sleep hygiene. The guidelines only recommend the use of zolpidem for duration of two to six weeks. Yet, the patient had been on the drug since at least February 2014. The medical necessity for continuation of zolpidem use has not been established. Therefore, the request for Zolpidem 10mg #30 DOS: 05/21/2014 is not medically necessary.