

<b>Case Number:</b>	CM14-0017181		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	05/03/2000
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 52 year-old female who has reported multiple orthopedic conditions and mental illness after an injury on 5/3/2000. The diagnoses have included degenerative disc disease of the spine, shoulder osteoarthritis and impingement, left knee pain, narcotic/medication addiction, left hip trochanteric bursitis, left knee bursitis, obesity, and depression. She has been seen intermittently by her treating physician. On 6/17/13 her treating orthopedist noted no office visits since June 2012. The injured worker was reporting widespread pain. Medications were many (see current requests). There was no discussion of the specific indications and results for any of the medications. The injured worker had a history of an enlarge liver and a liver "hematoma". The physical examination was confined to the shoulders. The medications now under review were prescribed, with no discussion of the indications or results of use. The next appointment was not for 6 months. There are medlegal evaluations for mental illness in the file. These evaluations do not provide any details of the medications used to date and reasons why they should be continued. These evaluations do state that the injured worker has not worked for many years. On 1/20/14 Utilization Review non-certified the requested medications, primarily because of the lack of sufficient clinical evaluation. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG #200 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management, Opioids, steps to avoid misuse/addiction, indications, Chronic back pain, Mechanical and compressive etiologies Page(s): 77-81, 94, 80, 81.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The treating physician has prescribed a large quantity of Norco with many refills, with no clear plan for follow-up evaluations. Opioids should be prescribed in a time-limited fashion, with close monitoring. Based on the failure of prescribing per the MTUS and the lack of specific functional benefit, Norco is not medically necessary.

**XANAX 2 MG #100 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES; 9792.23.5, 9792.24.2 Page(s): 24.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit from this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. Xanax has been prescribed long term (#100 with 5 refills) with no clear plan for close follow-up. Xanax is not prescribed according the MTUS and is not medically necessary.

**CYMBALTA 60MG #100 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Antidepressants for chronic pain; SNRIs (serotonin noradrenaline reuptake inhibitors) Page(s): 60; 13-16; 105.

**Decision rationale:** There is no clear indication for an antidepressant to treat pain in this case, as there is no evidence for neuropathic pain. If there were to be an indication for an antidepressant

for chronic pain in this case, a TCA would be the first choice (see the MTUS citations). Assuming prior use of Cymbalta, there is no clear functional or symptomatic benefit, based on the medical reports, the treating physician reports, and the lack of any return to work. The prescribing physician has not provided any information regarding indications and results of use. The large quantity prescribed is not medically necessary in light of the lack of a clear follow-up plan and lack of clear benefit to date. Cymbalta is not medically necessary based on the MTUS, lack of clear indications, lack of benefit, and lack of an adequate plan to monitor the results of use.

**LYRICA 75MG #100 WITH 5 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-21.

**Decision rationale:** Per the MTUS, Pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the AEDs used to date. Note the criteria for a "good" response per the MTUS. The prescription was for a large quantity without an adequate plan for close follow-up. Pregabalin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

**AMBIEN CR #60 WITH 5 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**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, Insomnia.

**Decision rationale:** The MTUS does not provide direction for the use of hypnotics. The Official Disability Guidelines recommend the short term use of hypnotics like Zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. This injured worker has been prescribed this hypnotic for more than two months. There is no documentation of an adequate evaluation of the sleep disorder. Other medications known to cause sleep disorders, such as opioids, were not discussed in the context of insomnia. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

**PROTONIX 40MG #60 WITH 5 REFILLS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Complications Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. 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 is not medically necessary based on lack of medical necessity, the MTUS recommendations, and risk of toxicity.

**ZANTAC 300 MG #60 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Complications Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. There is no examination of the abdomen on record. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors or indications in this case. There is no explanation why the injured worker needs to take both Protonix and Zantac. Zantac is not medically necessary based on lack of medical necessity, the MTUS recommendations, and apparent redundant prescribing of gastrointestinal medications.

**CELEBREX 200 MG #60 WITH 5 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, NSAIDs for Back Pain - Acute exacerbations of chronic pain, Back Pain - Chronic low back pain, NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. The reports do not provide specific indications. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately

monitoring for toxicity as recommended by the FDA and MTUS. This is particularly important given that the injured worker apparently has a liver condition. The MTUS has recommendations for selecting NSAIDs in light of cardiovascular and gastrointestinal risks. There is no evidence that Celebrex was selected in light of these recommendations. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only.

Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS recommends that NSAIDs be used for the shortest time possible. The prescription in this case is for a large quantity with many refills. Celebrex is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.