

<b>Case Number:</b>	CM14-0125429		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	01/23/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 46 year old female injured on 01/23/12 when she was struck by a pallet jack resulting in injuries to the left knee, left ankle, low back, and shoulder with subsequent psychological injury. Clinical note dated 05/06/14 indicates the injured worker presented complaining of persistent pain in the low back, left knee, and left shoulder radiating to the neck. The injured worker is utilizing left ankle support which she reported helpful in addition to a four wheel walker. Objective findings include antalgic gait on the left leg, cautious and limited weight bearing, positive lumbar spine tenderness, left knee tenderness, left shoulder tenderness, and neck tenderness. Treatment plan included Norco 10/325 milligrams three times daily, Ambien 10 milligrams at bedtime, DSS 250 milligrams twice daily, Omeprazole 20 milligrams once daily, and continuation of left ankle support. The initial request for Norco 10/325 milligrams quantity ninety one refill, Ambien 10 milligrams quantity thirty one refill, DSS 250 milligrams quantity sixty one refill, Omeprazole once daily quantity thirty two refills, and Voltaren gel 1 percent 500 grams two refills was initially noncertified on 07/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90, 1 refill:** Upheld

**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 Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

**Ambien 10mg #30, 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version, Pain (Chronic), Zolpidem (Ambien®).

**Decision rationale:** As noted in the Official Disability Guidelines (ODG), Ambien is approved for the short term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend it for long term use. Ambien can be habit forming and may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long term. The injured worker has been utilizing this medication on a long term basis, exceeding the recommended two to six week window of use. As such, the request for Ambien 10 milligrams quantity thirty one refill is not medically necessary.

**DSS 250mg #60, 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is indication that the injured worker cannot utilize the readily available over the counter formulation of the medication. As such, the request for Docusate stool softener (DSS) 250 milligrams quantity sixty one refill is not medically necessary.

**Omeprazole QD #30, 2 refills: Upheld**

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

**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, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines (ODG), proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug (NSAID) use. Risk factors for gastrointestinal (GI) events include age greater than sixty five years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the injured worker is at risk for GI events requiring the use of proton pump inhibitors. Furthermore, long term proton pump inhibitor use (greater than one year) has been shown to increase the risk of hip fracture. As such, the request for Omeprazole once daily quantity thirty, two refills cannot be established as medically necessary.

**Voltaren Gel 1% 500gm, 2 refills: Upheld**

**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 Voltaren Gel (diclofenac) Page(s): 112.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, Voltaren gel (diclofenac) is not recommended as a first line treatment. Diclofenac is recommended for osteoarthritis after failure of oral non-steroidal anti-inflammatory drugs (NSAIDs), contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to Food and Drug Administration (FDA) MedWatch, post marketing surveillance of Diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for Voltaren Gel 1 percent 500 gram, two refills is medically necessary at this time.