

<b>Case Number:</b>	CM14-0132843		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/03/2003
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 53 year old employee with date of injury of 8/3/2003. Medical records indicate the patient is undergoing treatment for lumbar discogenic disease with radiculitis; cervical discogenic disease with radiculitis; bilateral carpal tunnel syndrome; bilateral shoulder impingement; s/p bilateral carpal tunnel release with mild residual; bilateral de Quervain tenosynovitis; bilateral elbow ulnar neuritis and medial and lateral epicondylitis. Subjective complaints include chronic low back pain, cervical spine pain, bilateral hand, wrist and shoulder pain and paresthesias. The pain in her neck extends to her right arm. Her arms get stiff. She complains that it hurts to turn her back. Objective findings include spasm at cervical spine with decreased and painful range of motion. She has facet tenderness. Palpation over C6-7 bilateral facet joints reveal tenderness. Pain with range of motion (ROM) and axial compression. She has bilateral elbow tenderness at the medial elbow. They have a positive Tinel's. Bilateral shoulders reveal impingement and painful ROM. Bilateral wrists have a negative Tinel and Phalen's. There is tenderness to palpation over thenar eminence. There is a positive Finkelstein bilaterally. Positive dorsal 1st compartment tenderness to palpation. An exam of the lumbar spine reveals spasm. ROM is painful and limited. Lasegue sign is positive and straight leg raise (70) is positive bilaterally. Motor weakness at 4/5 bilaterally. There is pain at the L5-S1 level. Treatment has consisted of wrist splint, lumbar support, TENS unit, Norco, Anaprox and Prilosec. The utilization review determination was rendered on 7/16/2014 recommending non-certification of RETRO Anaprox DS #60; RETRO Prilosec 20mg tab #60; RETRO Norco 10/325mg tab #180 and RETRO Restoril 30mg tabs, #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Restoril 30mg tabs, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain, Anxiety medications in chronic pain and Benzodiazepines

**Decision rationale:** MTUS states that benzodiazepine (i.e. Restoril) 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 4 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." ODG states "Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider and payer agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Retrospective request for Restoril 30 mg tabs, #30 is not medically necessary.

**Retrospective request for Prilosec 20 mg tab #60: Upheld**

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

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

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age greater 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (greater than 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. Additionally, there is no evidence provided to indicate the patient suffers

from dyspepsia because of the present medication regimen. As such, the request for Retrospective request for Prilosec 20 mg tab #60 is not medically necessary.

**RETRO Norco 10/325mg tab #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Retrospective request for Norco 10/325 mg tab #180 is not medically necessary.

**RETRO Anaprox DS #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain.2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP.3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics.4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term

neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on Naproxen, but the MTUS guidelines recommend against long-term use. As such, the request for retrospective request for Anaprox DS #60 is not medically necessary.