

<b>Case Number:</b>	CM14-0163838		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Florida. 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 an 81-year-old male who reported injury on 06/25/2001. Reportedly while working as a truck driver, the injured worker sustained injuries to his head, neck, both upper extremities, low back, and left knee. The injured worker's prior treatment history included Computed Tomography (CT) scans, surgery, magnetic resonance imaging (MRI) studies, medications, and physical therapy. The injured worker was evaluated on 08/26/2014, and it was documented that the injured worker was out of medications. The injured worker was angry. It was noted that sometimes his anger was bad. He was paranoid that people had stolen cars from him. He used a walker. He had trouble swallowing pills, except for Norco. The findings included the injured worker does not have hearing aids, which he had lost. Lumbar spine flexion was 40 degrees. Squatting was 40%. He could walk on heels or tip toes. He had brisk patella reflexes and diminished Achilles reflexes, and tightness with left supine straight leg raise testing to 60 degrees. Cervical extension was 20 degrees, flexion was 30 degrees, but rotation was 70 degrees. Diminished Achilles reflexes. Tightness was noted with straight leg raise testing. Medications included hydrocodone 7.5 mg, levothyroxine 88 mcg, pantoprazole 40 mg, Celebrex 200 mg, and clonazepam 0.5 mg. Diagnoses included cervical disc disorder, impingement of the shoulder, major depressive disorder, recurrent episodes, lumbar degenerative disc disease, and traumatic brain injury. Request for Authorization was dated 08/26/2014 was for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 7.5/325mg #120 with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The requested is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Schedule (MTUS) guidelines state that criteria for use for ongoing management of opioids include "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." There was no urine drug screen submitted indicated opioid compliance for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. The request submitted for review failed to include duration and frequency of medication. The provider failed to include VAS measurements, while the injured worker was on Hydrocodone/APAP, and outcome measurements of functional improvement. As such, the request for Hydrocodone/APAP 7.5/325 mg #120 with 3 refills is not medically necessary.

**Clonazepam 0.5mg #60 with 3 refills: 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 rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend Benzodiazepines for long-term use because 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. The guidelines do not recommend Clonazepam for long-term use. Duration of medication could not be determined with submitted documents. The request lacked frequency and duration of medication. In the documentation submitted, it is noted that the injured worker had difficulty swallowing pills. As such, the request for clonazepam 0.5 mg #60, with 3 refills is not medically necessary.

**Levothyroxine 88mcg #28 with 6 refills: Upheld**

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

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

**Decision rationale:** The request for Levothyroxine 88 mcg # 28 with 6 refills is not medically necessary. Per drugs .com Levothyroxine is a replacement for a hormone normally produced by your thyroid gland to regulate the body's energy and metabolism. Levothyroxine is given when the thyroid does not produce enough of this hormone on its own. Levothyroxine treats hypothyroidism (low thyroid hormone). It is also used to treat or prevent goiter (enlarged thyroid gland), which can be caused by hormone imbalances, radiation treatment, surgery, or cancer. The documentation submitted for review indicates the injured worker had difficulty swallowing pills. Additionally, the request failed to include duration and frequency of medication. Moreover, there was no diagnosis of hypothyroidism. As such, the request for levothyroxine 88 mcg, #28 with 6 refills is not medically necessary.

**Celebrex 200mg #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

**Decision rationale:** The requested is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Celebrex is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There is no clear description of why a non-selective COX inhibitor is not appropriate for the injured worker. There was no documentation of increased risk of adverse gastric effect of prior gastric. The documents submitted for review indicated that the injured worker had difficulty swallowing pills. Additionally, the request failed to include frequency and duration of medication. As such, the request for Celebrex 200 mg, #30 with 5 refills is not medically necessary.

**Pantoprazole 40mg #30 with 5 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68-69.

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Pantoprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The provider failed to submit medications for the injured worker. The documentation provided did not indicate that the injured worker was having gastrointestinal events. The documents submitted for review indicate that the injured worker had difficulty swallowing pills. Additionally, the request that was submitted failed to include duration and frequency of medication. As such, the request for pantoprazole 40 mg, #30 with 5 refills is not medically necessary.