

<b>Case Number:</b>	CM14-0039324		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/22/2007
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Nevada. 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 records presented for review indicate that this 53-year-old male was reportedly injured on October 22, 2007. The mechanism of injury is noted as a motor vehicle accident. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of neck pain, left shoulder pain, and low back pain. Pain is stated to be at 10/10 on the visual analog pain scale (VAS) without medications and 5-6/10 with medications. Current medications include Norco, Klonopin, Prilosec, Biofreeze, and Sonata. The physical examination demonstrated decreased range of motion of the cervical spine and tenderness over the right-sided paracervical muscles. Refills were provided for Norco, Klonopin, Prilosec, and Elavil. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes an anterior cervical discectomy and fusion at C3-C4 an anterior lumbar discectomy and fusion at L4-L5 and L5-S1, as well as a left shoulder surgery in 2010. A request had been made for hydrocodone/acetaminophen, clonazepam, omeprazole, and amitriptyline and was denied in the pre-authorization process on March 13, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg #240 (30 Ds): 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. CA MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary and appropriate.

**Clonazepam 1mg #30 (30 Ds): 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 Benzodiazepines Page(s): 24.

**Decision rationale:** Clonazepam is used for the treatment of anxiety disorders and panic disorders. This medication has a relatively high abuse potential. It is not recommended for long-term use because long-term efficacy is unproven. The attached medical record does not indicate that the injured employee has a diagnosis of anxiety or panic disorder. Therefore this request for clonazepam is not medically necessary and appropriate.

**Omeprazole 20mg #30 (30 Ds): 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the MTUS and the most recent progress note dated June 19, 2014, does not prescribe this medication. Therefore this request for Omeprazole is not medically necessary.

**Amitriptyline 25mg #30 (30 Ds): 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 122.

**Decision rationale:** Elavil (Amitriptyline) is a tricyclic antidepressant medication. This medication is considered a first line option in the treatment of neuropathic pain and in some clinical settings for non-neuropathic pain when there is underlying depression. The injured employee does not have any current neuropathic symptoms nor are there any found on physical examination. Additionally the most recent progress note dated June 19, 2014 does not prescribe this medication. For these reasons this request for amitriptyline is not medically necessary and appropriate.