

<b>Case Number:</b>	CM14-0042650		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/28/2000
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 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:

The underlying date of injury in this case is 06/28/2000. This patient's diagnosis is chronic intractable low back pain radiating into the buttocks and bilateral lower extremities. On 03/18/2014, the treating physician submitted a detailed denial appeal regarding a prior physician review. The prior physician review had concluded that Valium is not indicated for treatment of chronic anxiety; the provider notes that the patient uses Valium mostly at nighttime to help her sleep better and will try to avoid using this during the day whenever possible, and the treating provider opined this medication is needed to control anxiety and sleep disorder and as a muscle relaxant. The appeal letter notes that the prior reviewer concluded that there was not an indication for ibuprofen in addition to opioid medication; the provider noted that ibuprofen has a synergistic effect in combination with opioids and is beneficial. The provider also disagreed with the prior peer review stating that there was no indicated for omeprazole, noting that this patient does have gastrointestinal side effects from ibuprofen which are improved with omeprazole. From an overall perspective, the treating provider reported that the patient's opioids and medical treatment overall allow her to increase her functional abilities and notes that with opioid medications the patient reports a 50% improvement in sitting, standing, and walking tolerance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #224:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 27, outline in detail the four A's of opioid management. These guidelines recommend detailed objective and verifiable documentation of functional improvement which could not be achieved otherwise without opioids. The medical records in this case document largely subjective improvement from opioids but not objective and specifically not verifiable evidence of functional improvement. Additionally, there is only limited documentation in the medical records of screening for potential aberrant behavior, as recommended in these treatment guidelines. Overall, the detail in the medical records is not consistent with the four A's of opioid management as per the treatment guidelines. This request is not medically necessary

**Valium 10mg #56:** 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 California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, page 24, state that this class of medications is not recommended for long-term use because there is a risk of dependence. This guideline specifically states that tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The treating physician expresses a view regarding the pharmacological action of benzodiazepines which is directly opposite that in the guidelines; yet there is no peer review or evidence-based rationale provided to explain this discrepancy. Additionally, I note that the same treatment guidelines do not recommend benzodiazepines for insomnia as has been reported in this case. For multiple reasons, the request for Valium is not supported by the treatment guidelines. This request is not medically necessary.

**Zantac 150mg 356:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, and Gastrointestinal Symptoms Page(s): 19.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal

symptoms, state that the clinician should determine if the patient is at risk for gastrointestinal events. The appeal letter provides additional detail apparently not available to the initial reviewer regarding gastrointestinal upset from anti-inflammatory medications which is improved with Zantac. In this situation, the medical records and guidelines do support an indication for gastrointestinal prophylaxis with Zantac. This request is medically necessary.

**Ibuprofen 800mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 19.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, states that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. A prior physician review suggested there was no documentation of benefit from ibuprofen, particularly in combination with opioid medications. However, the guidelines do not preclude the use of both opioids and anti-inflammatory medications in combination, and any event, the guidelines recommend anti-inflammatories as a first-line medication if tolerated. For these reasons, the medical records do support indication for ibuprofen. This request is medically necessary.