

<b>Case Number:</b>	CM14-0046260		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 56 year old with an injury date on 2/9/11. Patient complains of back pain, bilateral lower/upper extremity pain with chief complain her right shoulder pain, followed secondly by cervical pain per 1/28/14 report. Patient states with medication her pain goes from 8/10 to 3/10 per 1/28/14 report. Patient reports numbness and tingling down both arms to hands and down both legs to feet, with back spasms that cause shortness of breath per 10/3/13 report. Based on the 1/28/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic pain syndrome 2. cervicgia, rule out cervical facetogenic pain 3. lumbago 4. rule out lumbar facetogenic pain 5. lumbar degenerative disc disease 6. cervical degenerative disc disease Exam on 1/28/14 showed "patient ambulates with single point cane. Tenderness to palpation over cervical, thoracic, and lumbar spines. Diffuse tenderness over the right cervical facets, as well as positive right-sided facet loading. Tenderness to palpation over right trapezius. Diminished range of motion of cervical/lumbar spine. Positive bilateral straight leg raise test. Decreased sensation to light touch bilateral L4, L5, and S1 dermatomes." [REDACTED] is requesting Docuprene 100mg #60, Ondanestron 4mg #10, Amitriptyline 25mg #60, Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, and Hydrocodone/APAP 10/325mg #120. The utilization review determination being challenged is dated 3/14/14 and rejects Docuprene and Amitriptyline due to lack of documentation and medical necessity not being established. [REDACTED] is the requesting provider, and he provided treatment reports from 10/3/13 to 4/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docuprene 100 mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Webmd.com <http://www.webmd.com/drugs/2/drug-154317/docuprene-oral/details>.

**Decision rationale:** This patient presents with lower back pain, neck pain, bilateral shoulder pain, bilateral knee pain, and bilateral leg/arm pain. The treater has asked for Docuprene on 1/28/14. Review of the report shows patient is currently taking opiates per 1/28/14 report. Docuprene is a stool softener that is used to treat occasional constipation. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the treater's statement that the patient is on opiates, the treater should be allowed the leeway to prescribe a laxative that works for the patient. Recommendation is for authorization.

**Ondansetron 4 mg, #10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** ODG guidelines, Pain chapter for: Ondansetron (Zofran) Not recommended for nausea and vomiting secondary to chronic opioid use. See Antiemetics (for opioid nausea). ODG guidelines, Pain chapter for: Antiemetics (for opioid nausea) Not recommended for nausea and vomiting secondary to chronic opioid use. Recommended for acute use as noted below per FDA-approved indications. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Studies of opioid adverse effects including nausea and vomiting are limited to short-term duration (less than four weeks) and have limited application to long-term use. If nausea and vomiting remains prolonged, other etiologies of these symptoms should be evaluated for. The differential diagnosis includes gastroparesis (primarily due to diabetes). Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of anti emetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy. Recommendations based on these studies cannot be extrapolated to chronic non-malignant pain patients. There is no high-quality literature to support any one treatment for opioid-induced nausea in chronic non-malignant pain patients. (Moore 2005) Promethazine (Phenergan): This drug is a phenothiazine. It is recommended as a sedative and antiemetic in pre-operative and post-operative situations. Multiple central nervous system effects are noted with use including somnolence, confusion and sedation. Tardive dyskinesia is also associated with use. This is characterized by involuntary movements of the tongue, mouth, jaw, and/or face. Choreoathetoid movements of the extremities can also occur. Development appears to be associated with prolonged treatment and in some cases can be irreversible. Anticholinergic effects can occur (dry mouth, dry eyes, urinary retention and ileum). Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved

for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. See also Nabilone (Cesamet), for chemotherapy-induced nausea, but not pain.

**Amitriptyline 25 mg, #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, MTUS Chronic Pain Medical Treatment Guidelines p13.

**Decision rationale:** This patient presents with lower back pain, neck pain, bilateral shoulder pain, bilateral knee pain, and bilateral leg/arm pain. The treater has asked for Amitriptyline 25mg #60 on 1/28/14. Regarding Amitriptyline, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. It is recommended that these outcome measurements should be initiated at one week of treatment with a recommended trial of at least 4 weeks. In this case, the treater has asked for Amitriptyline for patient's persistent neuropathic pain, which is reasonable and within MTUS guidelines. Recommendation is for authorization.

**Omeprazole 20 mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk (MTUS pg 69).

**Decision rationale:** This patient presents with lower back pain, neck pain, bilateral shoulder pain, bilateral knee pain, and bilateral leg/arm pain. The treater has asked for Omeprazole on 1/28/14. Regarding PPIs, ODG recommends for patients at risk for gastrointestinal events. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There are no documentation of any GI issues such as GERD, gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. Recommendation is for denial.

**Cyclobenzaprine 7.5 mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, pg 41-42.

**Decision rationale:** This patient presents with lower back pain, neck pain, bilateral shoulder pain, bilateral knee pain, and bilateral leg/arm pain. The treater has asked for Cyclobenzaprine 7.5mg #60 on 1/28/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is for denial.

**Hydrocodone/APAP 10/325 mg , #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Criteria For Use Of Opioids (MTUS 76-78).

**Decision rationale:** This patient presents with lower back pain, neck pain, bilateral shoulder pain, bilateral knee pain, and bilateral leg/arm pain. The treater has asked for Hydrocodone/APAP 10/325mg #120 on 1/28/14. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Hydrocodone. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.







