

<b>Case Number:</b>	CM14-0067659		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/21/2007
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 48 year-old female was reportedly injured on 11/21/2007. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/14/2014, indicated that there were ongoing complaints of neck pain, right shoulder pain, low back pain, and right knee pain. The physical examination demonstrated cervical spine: Positive spasm, positive pain and decreased range of motion. Facet tenderness. Right upper extremity motor weakness 4/5. Radicular symptoms on the right at C5-C7. Decreased sensation on the right at C5-C7. Tenderness to palpation over the cervical/trapezius ridge. Lumbar spine: Positive spasm, painful and limited range of motion. Positive Lasegue on the right. Positive straight leg raise on the right at 45. Motor weakness on the right at 4/5. Decreased sensation on the right at L4-L5 and L5-S1. Pain on the right at L4-L5 and L5-S1 with tenderness to palpation over the lumbar paraspinal muscles. Right knee: Positive McMurray's. Tenderness to palpation over the medial/lateral joint line. Right shoulder: Positive impingement. Painful range of motion. Tenderness to palpation at the acromioclavicular joint (AC). Previous treatment included physical therapy, medications, lumbar corset, cervical collar and conservative treatment. A request had been made for Norco 10/325 mg #180, Restoril 30 mg #30, Prilosec 20 mg #60 and was not certified in the pre-authorization process on 5/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg qty 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

**Decision rationale:** Norco (Hydrocodone/Acetaminophen) is a short-acting opioid combined with acetaminophen. Chronic Pain Medical Treatment Guidelines support 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 was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request is not considered medically necessary.

**Restoril 30 mg qty 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** Benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Chronic Pain Medical Treatment Guidelines limit use to 4 weeks. The 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. After review of the medical records provided, there was no documentation of failure of antianxiety/antidepressant medication. Also, when considering date of injury and chronic complaints associated with this injured worker, this medication is not recommended for long-term use. Therefore, this medication is deemed not medically necessary.

**Prilosec 20 mg qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 OF 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protect ant for individuals

utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a G. disorder. Additionally, the claimant does not have a significant risk factor for potential GI complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, the continued use of this medication is deemed not medically necessary.