MAXIMUS Federal Services

Case Number:	CM14-0070529		
Date Assigned:	07/14/2014	Date of Injury:	10/28/2008
Decision Date:	09/18/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/15/2014

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 Family Medicine 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:

This is a 59-year-old female who reported an industrial injury on 10/28/2008, almost 6 years ago, attributed to the performance of her customary job tasks. The industrial injury was accepted for the bilateral wrists, bilateral shoulders, mental, and cervical spine. The patient is noted to completed 36 sessions of physical therapy to the neck and upper back. The objective findings on examination included spasms, tenderness, guarding in the paravertebral musculature of the cervical and thoracic spine with decreased range of motion. The treating diagnoses were cervical, lumbar, shoulder, and elbow sprain. The patient was prescribed Quazepam 15 mg per sign 60; Anaprox 550 mg #60; Flexeril 7.5 mg #100; Norco 5/325 mg #30; Paxil 20 mg #30; Prilosec 20 mg #60; and Ultram ER 150 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #45: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--insomnia and Zolpidem ; Other Medical Treatment Guideline or Medical Evidence: Benzodiazepines.

Decision rationale: The prescription for Doral 15 mg (Quazepam) q hs #45 is recommended only for the short-term treatment of insomnia as an older sleeping medication. There are no recommendations for the use of Benzodiazepines for sleep aids as alternatives are readily available. The patient is being prescribed the Quazepam every night and is given a prescription to use it on a nightly basis. The patient has exceeded the recommended time period for the use of this short-term sleep aide. The ACOEM Guidelines and the ODG do not recommend the use of Benzodiazepines in the treatment of chronic pain and insomnia. The continued use of Doral is associated with tolerance and addictive behavior consistent with the class of Benzodiazepines. The patient has been provided sufficient time to titrate off the Benzodiazepine but the same nightly dose is continued to be prescribed.There is no recommendation by the CA MTUS for the prescription of older Benzodiazepines for the treatment of insomnia. The provider has not documented any conservative treatment for insomnia and the treatment of the stated insomnia has exceeded the time period recommended by the evidence-based guidelines. The provider has not demonstrated a failure of the many sleep remedies available over the counter. There is no demonstrated medical necessity for the prescription for Quazepam 15 mg #30 for the treatment of insomnia for chronic neck and UE pain.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain and NSAIDs.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestional symptoms states; "Determine if the patient is at risk for gastrointestional events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestional prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Naproxen.The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no

demonstrated medical necessity for the prescription for Omeprazole 20 mg #30. There is no documented functional improvement with the prescribed Omeprazole.

Ultram ER 150mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48,Chronic Pain Treatment Guidelines Opioids for chronic Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter chronic pain medications; opioids.

Decision rationale: The prescription for Tramadol/Ultram 150 mg #45 for short-acting pain relief is being prescribed as an opioid analgesic for the treatment of chronic neck and UE pain. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic pain reported to the low back. There is no documented functional improvement from this opioid analgesic and the prescribed Tramadol should be discontinued. The ACOEM Guidelines and CA MTUS do not recommend opioids for mechanical neck pain.The chronic use of Tramadol is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain only as a treatment of last resort for intractable pain. The provider has provided no objective evidence to support the medical necessity of continued Tramadol for chronic mechanical neck pain.The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is consistent with evidence-based guidelines based on intractable pain. The prescription of Tramadol 150 mg #90 as dispensed to the patient is demonstrated to be not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: The prescription for Flexeril (Cyclobenzaprine) 7.5 mg #100 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The

chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic back and hip pain. The Cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of Cyclobenzaprine 7.5 mg #100 for the effects of the industrial injury.