

<b>Case Number:</b>	CM14-0083605		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Internal 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:

The injured patient is a 55-year-old female who was injured on 04/25/00 due to undisclosed mechanism of injury. Diagnoses included myalgia and myositis. Clinical note dated 03/21/14 indicated the injured patient presented complaining of continued total body pain, chronic fatigue, and problems sleeping. The injured patient reports morning gel phenomenon lasting approximately 40 minutes with no new joint swelling, furthermore, complained of nausea and vomiting, with ingestion of medications for approximately one week. Additionally, patient also reported food did not cause vomiting only medication ingestion. Complains of back pain, neck pain, and bilateral hand pain were also reported by the patient. The injured patient participated in therapy with improvement. Objective findings included no new joint swelling, normal neurological examination, no rheumatoid arthritis deformities, and trigger points tenderness 12+. Treatment plan included recommendation to discontinue oral tramadol and Neurontin secondary to nausea and vomiting, continue topical medication, and Prilosec for gastropathy. The initial request was non-certified on 05/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) Aquatic Therapy Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**Decision rationale:** As noted on page 22 of the Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Documentation indicated the injured patient attended therapy with improvement; however the number of sessions and functional improvement obtained as a result were not provided. Additionally, the need for aquatic vs. land based therapy was not discussed in the documentation. As such, the request for Eight (8) Aquatic Therapy Sessions cannot be recommended as medically necessary.

**Vitamin D 2000 Unit, #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chronic Pain, Herbal and other preparations (electronically sited).

**Decision rationale:** As noted in current ACOEM guidelines, there are many treatments that have been attempted to treat chronic pain conditions, including some interventions that might be classified as complementary or alternative methods or dietary supplements, etc. A few of these interventions include homeopathic, herbal, and naturopathic treatments. In addition, the complementary and alternative methods, vitamins or dietary supplements have also been attempted as treatments for chronic pain conditions. Most of these interventions do not have any quality evidence of efficacy and there is some controversy surrounding the issue of the value of placebo effects on healing. As there are many interventions shown to be efficacious for the treatment of acute and/or chronic pain, it is strongly recommended that patients be treated with therapies proven to be efficacious, whether the intervention is or is not considered complementary. Additionally, there is no indication in the documentation the injured patient suffers from a treatable Vitamin D deficiency. As such, the request for Vitamin D 2000 Unit, #60 is not medically necessary and appropriate.

**Tizanidine HCL 2mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine, Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Tizanidine HCL 2mg, #90 is not medically necessary and appropriate.

**Pantoprazole Sod DR 20mg, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic): Proton pump inhibitors (PPIs).

**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, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured patient has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. The injured patient reported nausea and vomiting with the use of medications. As such, the request for Pantoprazole Sod DR 20mg, #30 is medically necessary.

**Senokot-S 8.6-50mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: Initiating therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, prophylactic constipation measures should be initiated when long-term opioid medications are to be utilized; however, there is no indication in the documentation that attempts were made and failed at first-line treatment options to include proper diet, activity modification and increased fluid intake. Additionally, there is no indication that the injured patient cannot utilize the readily available over-the-counter formulation of the medication. Additionally, current guidelines do not

recommend the use of medical foods or herbal medicines. As such, the request for Senokot-S 8.6-50mg, #60 is not medically necessary and appropriate.

**Hydrocodone-Acetaminophen 10-325mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Hydrocodone-Acetaminophen 10-325mg, #120 is medically necessary and appropriate.

**Butrans 10mcg/hr patch, #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Butrans 10mcg/hr patch, #4 is not medically necessary and appropriate.

**Naprosyn 500mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the injured patient cannot benefit from over-the-counter NSAIDs on an as needed basis. As such, the request for Naprosyn 500mg, #60 is not medically necessary and appropriate.

**Prochlorperazine 10mg, #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clin J Oncol Nurs. 2007 Feb;11(1):69-78. Putting evidence into practice: evidence-based interventions to prevent, manage, and treat chemotherapy-induced nausea and vomiting. Tipton JM1, McDaniel RW, Barbour L, Johnston MP, Kayne M, LeRoy P, Ripple ML.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=a8c5db51-e8b2-4594-8b05-aaa78ca0682d>.

**Decision rationale:** Compazine is utilized for control of severe nausea and vomiting and for the treatment of schizophrenia. There is no indication in the documentation did not show improvement following cessation of oral medications. Additionally, the injured patient's nausea and vomiting was not classified as severe justifying the use of this medication as it was only affecting her with the use of medications. As such, the request for Prochlorperazine 10mg, #60 is not medically necessary and appropriate.