

<b>Case Number:</b>	CM14-0180011		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/30/2004
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

### 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 worker is a 61 year old male with an industrial injury dated 11/30/2004. His diagnoses included status post lumbar 4-5 and lumbar 5-sacral 1 interbody fusion (1995), right lower extremity radiculopathy, status post interbody fusion at lumbar 1-2, lumbar 2-3 and lumbar 3-4 (October 2006), reactionary depression/anxiety, erectile dysfunction, medication induced gastritis and right knee sprain/strain. Prior treatments included physical therapy, corticosteroid injections, diagnostics, and Synvisc injection to right knee, lumbar epidural steroid injection and medications. He presents on 10/03/2014 with complaints of pain in right knee. He also complains of low back pain radiating down to both lower extremities. Objective findings included the injured worker ambulated using a single point cane. There was tenderness to the cervical and lumbar spine. Right knee was tender with soft tissue swelling noted. Treatment plan included a request for epidural steroid injection, medications, referral to orthopedic surgeon and continue follow-up with clinical psychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Norco 10/325mg #300, 2 tablets TID, related to cervical and lumbar spine injuries, as outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opiate therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

**FexMid 7.5mg #60 BID (for intermittent short use) PRN, related to cervical and lumbar spine injuries, as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): s 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records show that the injured worker has not shown a documented benefit or any functional improvement from prior Cyclobenzaprine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**MS Contin 30mg #120 QID PRN, related to cervical and lumbar spine injuries, as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

**Decision rationale:** According to ODG and MTUS, MS Contin is an opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage duration. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Zoloft 100mg #30, 1 daily, related to cervical and lumbar spine injuries, as outpatient:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, SSRIs (selective serotonin reuptake inhibitors).

**Decision rationale:** Per MTUS, Sertraline is a selective serotonin re-uptake inhibitor (SSRI). SSRI's are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain, but more information is needed regarding the role of SSRIs and pain. In addition, SSRIs have not been shown to be effective for low back pain. As per ODG, The American Psychiatric Association's diagnostic manual (American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, D.C., and American Psychiatric Association, 2000) defines Major

Depressive Disorder as a mental illness that is characterized by one or more Major Depressive Episode without a history of Manic, Mixed, or Hypomanic Episodes (some details that will help to provide an understanding of what this definition means are provided below). (American Psychiatric Association, 2000) indicates this mental illness is typically manifested in phases such as, the person is mentally ill for a period of time, and is then typically free from the symptoms of the mental illness for a period of time, but will probably develop additional episodes of symptoms in the future. In this case, there is documentation of depression and evidence that it is helping in controlling the depression in this injured worker. Medical necessity for the requested medication has been established. Therefore the requested medication is medically necessary.

**Valium 10mg #90, 2-3 daily, related to cervical and lumbar spine injuries, as outpatient:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Valium (Diazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Valium for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. Tolerance to anxiolytic effects of Valium occurs within months and long-term use may actually increase anxiety. There are no guideline criteria that support the long-term use of benzodiazepines. As long term use is not recommended, medical necessity for the requested medication has not been established. The requested medication is not medically necessary. Of note, discontinuation should include a taper to avoid withdrawal symptoms.

**Protonix 30mg #30, 1 tablet daily, related to cervical and lumbar spine injuries, as outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Appendix A, ODG Workers' Compensation Drug Formulary (updated 9/30/2014).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors (PPIs) Page(s): s 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Protonix (Pantoprazole), are recommended for patients at risk for gastrointestinal events or taking NSAIDs with documented GI distress symptoms. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age greater than 65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Protonix has not been established. Therefore the requested treatment is not medically necessary.