

<b>Case Number:</b>	CM14-0190325		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	11/01/1998
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old female with an injury date of 11/01/98. The 09/26/14 progress report by [REDACTED] states that the patient presents with neck and back pain as well as overall body pain rated 7/10. The treating physician states the patient is positive for headaches, heartburn, depression memory loss, dry mouth, numbness and tingling in the hands and feet, and constipation. Examination shows pain in the joints of the elbows, left shoulder, bilateral hips and the knees. There is diffuse trigger point tenderness and moderately reduced range of motion of the cervical, thoracic and lumbar spine. The patient's diagnoses include: 1. Fibromyalgia; 2. Disabled secondary to above 2005; 3. Depression; 4. Neck pain cervical DDD; 5. CTS s/p release 1999; and 6. temporomandibular joint disorder (10/16/14 report by [REDACTED]). Medications are listed as Flexeril and Hydrocodone for Fibromyalgia, Effexor for depression, ASA 81 mg, Cipro for bladder infection, Cyclobenzaprine, Gabapentin. Lisinopril, Omeprazole, Simvastatin, and Zolpidem. The utilization review is dated 10/21/14. Reports were provided for review from 02/27/14 to 10/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zolpidem 10mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, and Mosby's Drug Consult zolpidem (Ambien)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Mental Illness and Stress Chapter, Ambien/Zolpidem

**Decision rationale:** The patient presents with neck and back pain rated 7/10 as well as overall body pain along with headaches, heartburn, depression and memory loss. The current request is for Zolpidem 10 mg #30 (Ambien). The RFA is not included. The 10/21/14 utilization review mentions 2 RFA's dated 09/26/14 and 10/04/14. The patient is disabled and is not working. The California MTUS and ACOEM Guidelines do not address Ambien; however, the Official Disability Guidelines, (ODG) Mental Illness and Stress Chapter, Ambien/Zolpidem, state that Ambien is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. The 02/27/14 report states this medication is to help with insomnia, and the reports provided show the patient has been prescribed Zolpidem (Ambien) since at least 02/27/14. In this case, guidelines state this medication is indicated for short-term use for insomnia and the patient has been prescribed the medication on a long-term basis. There is no discussion of use outside guidelines. The request is not medically necessary.

**Norco 10/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with neck and back pain rated 7/10 as well as overall body pain along with headaches, heartburn, depression and memory loss. The current request is for Norco 10/325 mg #120 (Hydrocodone-an opioid). The RFA is not included. The 10/21/14 utilization review mentions 2 RFA's dated 09/26/14 and 10/04/14. The patient is disabled and is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 02/27/14. Pain is routinely assessed through the use of pain scales. Pain is rated 8/10 on 02/27/14 and 7/10 from 04/18/14 to 09/26/14. The 04/18/14 report states, (The patient) Reports feeling mostly controlled on her current medication

regimen, which has not changed for years. Reports taking between 2-4 Hydrocodone a day not interested in increasing narcotic dose. However, the MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are partially documented. The 09/26/14 report states there are no concerns about misuse, tolerance, dependence, side effects or diversion. It notes a pain contract was signed 09/26/14 and a random pill count and UDS were completed. However, results of this or past UDS's are not discussed and no urinalysis reports are provided for review. No outcome measures are provided. In this case, there is not sufficient documentation to support long-term opioid use as required by MTUS. The request is not medically necessary.

**Cyclobenzaprine 10mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck and back pain rated 7/10 as well as overall body pain along with headaches, heartburn, depression and memory loss. The current request is for Cyclobenzaprine 10 mg #90. The RFA is not included. The 10/21/14 utilization review mentions 2 RFA's dated 09/26/14 and 10/04/14. The patient is disabled and is not working. MTUS guidelines page 64 states the following, Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxant for pain page 63 state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show that Flexeril (Cyclobenzaprine) has been prescribed since at least 02/27/14. The 02/27/14 report states use is for muscle spasms and the 06/20/14 report states, (The patient) Reports feeling mostly controlled on her current medication regimen, which has not changed for years. However, guidelines recommend this as a second line treatment for acute exacerbations and the patient has been prescribed Flexeril on a long-term basis. Lacking recommendation by MTUS, the request is not medically necessary.

**Venlafaxine 150mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Venlafaxine (Effexor®)

**Decision rationale:** The patient presents with neck and back pain rated 7/10 as well as overall body pain along with headaches, heartburn, depression and memory loss. The current request is

for Venlafaxine 150 mg #60 (Effexor). The RFA is not included. The 10/21/14 utilization review mentions 2 RFA's dated 09/26/14 and 10/04/14. The patient is disabled and is not working. ODG guidelines Pain Chapter state that Venlafaxine is recommended as an option as a first line treatment for neuropathic pain and has FDA approval for treatment of depression and anxiety disorders. The reports provided show the patient has been prescribed this medication since at least 02/27/14. The 09/26/14 report states use is for depression, which is documented for this patient. The 04/18/14 report states, (The patient) Reports feeling mostly controlled on her current medication regimen, which has not changed for years. The 09/26/14 assessment states, Depression-mostly controlled on treatment. In this case, the request is medically necessary.

**Omeprazole 20mg #30: Uphold**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with neck and back pain rated 7/10 as well as overall body pain along with headaches, heartburn, depression and memory loss. The current request is for Omeprazole 20 mg #30. The RFA is not included. The 10/21/14 utilization review mentions 2 RFA's dated 09/26/14 and 10/04/14. The patient is disabled and is not working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided show that the patient has been prescribed this medication since at least 02/27/14 and on this date the treater states Prilosec (Omeprazole) is to help with GI upset. The 09/26/14 report states that the patient has heartburn and is prescribed ASA 81 mg. However, the reports do not document whether or not this medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. Furthermore, no GI assessment is provided. The request is not medically necessary.