

<b>Case Number:</b>	CM14-0190853		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/12/2010
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 49 year old male with a date of injury of 3/12/10. The listed diagnoses are right posterior C6 disc herniation, chronic lumbar sprain, s/p left shoulder arthroscopy x3, s/p left CTR and posterior labral tear. According to progress report 10/27/14, the patient presents with persistent neck, lower back, bilateral shoulders and bilateral wrist pain. He rates current pain as 4/10. Pain is made better with rest and medications. Norco and Flexeril reduces pain from 4/10 to 2/10. He is taking Ambien for sleep issues and "Prilosec occasionally for GI issues secondary to prolonged NSAID use in the past." The patient is currently not working. Examination of the cervical spine revealed tenderness and hypertonicity over the paraspinal and trapezius muscles equally. There is decreased strength and sensation at the C5-C8 bilaterally. Examination of the bilateral shoulder revealed slightly decreased range of motion and strength of 4/5 with flexion and extension was noted. Examination of the bilateral wrists revealed slightly decreased range of motion with positive Tinel's and Phalen's bilaterally. A urine drug screen was ordered and a request was made for refill of medications. The Utilization review denied the requests on 10/27/14. Treatment reports from 5/12/14 through 10/27/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

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

**Decision rationale:** This patient presents with persistent neck, lower back, bilateral shoulders and bilateral wrist pain. The current request is for 90 tablets of Flexeril 10mg. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." The patient has been utilizing Flexeril since 5/12/14. MTUS recommends muscle relaxants for short term use only. The request for Flexeril is not medically necessary.

**30 Tablets of Ambien 5mg: 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), 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 & Stress chapter, Insomnia treatment.

**Decision rationale:** This patient presents with persistent neck, lower back, bilateral shoulders and bilateral wrist pain. The current request is for 30 tablets of Ambien 5mg. The MTUS and ACOEM Guidelines do not address Zolpidem. The ODG Guidelines under its pain chapter states that "Zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. In this case, review of the medical file indicates that the patient has been prescribed this medication since 5/12/14 for sleep issues. ODG Guidelines do not recommend long-term use of Zolpidem. The request for Ambien is not medically necessary.

**120 Tablets of Norco 10/325mg: 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): 88, 89, 78.

**Decision rationale:** This patient presents with persistent neck, lower back, bilateral shoulders and bilateral wrist pain. The current request is for 120 tablets of Norco 10/325mg. MTUS Guidelines pages 88 and 89 state, "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. Review of the medical file indicates that the patient has been utilizing Norco since at least 5/12/14. The progress reports provide monthly before and after pain scales to denote a decrease in pain with current medications. At the conclusion of each report the treating physician notes that there are no signs of aberrant behaviors and UDS are conducted to assess compliance. In this case, the treater does not provide any specific functional improvement, or changes in ADL's as required by MTUS for opiate management. There has been no change in work status or return to work to show significant functional improvement. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request for Norco is not medically necessary.

### **30 capsules of Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Proton Pump (PPIs)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68, 69.

**Decision rationale:** This patient presents with persistent neck, lower back, bilateral shoulders and bilateral wrist pain. The current request is for 30 capsules of Omeprazole 20mg. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAIDs. In this case, there is no indication that the patient is currently taking NSAIDs to consider the use of omeprazole. The treater states that the patient is taking omeprazole "occasionally for GI issues secondary to prolonged NSAIDs use in the past." The patient's current medication regimen does not include an NSAIDs and there is no current GI assessment. The treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The request for Omeprazole is not medically necessary.