

<b>Case Number:</b>	CM14-0195922		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Medicine & Rehabilitation, has a subspecialty in California 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 patient is a 62-year-old female who was injured on January 22, 2013. The patient continued to experience pain in her back and right knee. Physical examination was notable for significant spasm bilaterally in latissimus dorsi, straight leg raise, antalgic gait, swelling to right knee, pain on medial and lateral meniscus, decreased sensation in L3, L4, and L5 nerve root distributions, and decreased strength of the right abductor hallucis longus and right foot flexors. Diagnoses included lumbar discogenic disease and severe right knee pain. Treatment included medications, epidural steroid injections, surgery, and physical therapy. Requests for authorization for urine drug screen, Omeprazole 20 mg, Cyclobenzaprine 7.5 mg, Naproxen 550 mg, Zaleplon 10 mg, and Furosemide 20 mg were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Urine drug screen (Date of service: 9/29/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Testing

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that urinary drug testing should be used if there are issues of abuse, addiction, or pain control in patients being treated with opioids. ODG criteria for Urinary Drug testing are recommended for patients with chronic opioid use. Patients at low risk for addiction/aberrant behavior should be tested within 6 months of initiation of therapy and yearly thereafter. Those patients with moderate risk for addiction/aberrant behavior should undergo testing 2-3 times/year. Patients with high risk of addiction/aberrant behavior should be tested as often as once per month. In this case the patient had undergone urine drug testing in July 2014. There is no documentation of addiction/aberrant behavior. Urine drug testing is not indicated until July 2015. The request is not medically necessary.

**Retrospective request for Omeprazole 20 mg (Date of service: 9/29/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, 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). The patient in this case was not using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.

**Retrospective request for Cyclobenzaprine 7.5 mg (Date of service: 9/29/14): Upheld**

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

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

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations 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 show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or

operating heavy machinery. In this case the patient had been using muscle relaxants since at least January 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.

**Retrospective request for Naproxen 550mg (Date of service: 9/29/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least January 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.

**Retrospective request for Zaleplon 10 mg (Date of service: 9/29/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia treatment; Drugs for Insomnia: Treatment Guidelines from The Medical Letter; July 1, 2012 (Issue 119) p. 57

**Decision rationale:** Zaleplon is a medication used for insomnia. It is not a structural benzodiazepine, but binds to benzodiazepine receptors. It is believed to act through an agonist effect on GABA<sub>A</sub> receptor complexes located close to or coupled with benzodiazepine receptors. It acts rapidly to decrease sleep latency and does not affect deep sleep. These agents may impair performance in the morning, including driving. Anterograde amnesia can occur. Complex sleep-related behaviors may occur without conscious awareness. Hallucinations have been reported. Like the benzodiazepines, benzodiazepine receptor agonists are schedule IV controlled substances. Withdrawal, dependence and abuse can occur. Insomnia treatment should be based on etiology. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. In this case the documentation in the medical

record does not support that the patient is suffering from sleep disturbance. The medication is not indicated. The request is not medically necessary.

**Retrospective request for Furosemide 20 mg (Date of service: 9/29/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Rxlist.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs for Chronic Heart Failure; The Medical Letter on Drugs and Therapeutics; January 19, 2015 (Issue 1460) p.9

**Decision rationale:** Furosemide is a diuretic used for the treatment of congestive heart failure. It acts on the loop of Henle. The most common adverse effect of diuretic therapy is hypokalemia. In this case there is no documentation that the patient is suffering from congestive heart failure. Medical necessity has not been established. The request is not medically necessary.