

<b>Case Number:</b>	CM14-0210550		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	10/31/1983
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 77 year old male, who sustained an industrial injury on 10/31/1983. He has reported subsequent low back and neck pain and was diagnosed with lumbar degenerative disc disease, right leg lumbar radiculopathy, cervical degenerative disc disease, gastroesophageal reflux disease and Barrett's esophagus. Treatment to date has included oral pain medication, activity restriction and rest. In a progress note dated 11/18/2014, the injured worker complained of intermittent stabbing pain in the low back. Objective physical examination findings were notable for moderate tenderness to palpation and tightness of the lumbosacral area with positive straight leg raise and restricted range of motion. The physician noted that the injured worker's chronic pain medication maintenance regimen would be continued to keep pain at a manageable level. Requests for Celebrex, Restoril, Simvastatin, Percocet, Triazolam and Oxycodone were made. On 12/03/2014, Utilization Review non-certified requests for Celebrex, Restoril, Simvastatin, Percocet and Triazolam and modified a request for Oxycodone, noting that the documentation didn't support evidence of the efficacy of Percocet, Oxycodone, Triazolam and Celebrex, there was no rationale given for prescription of Simvastatin and that Restoril is not recommended for long term use. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone Hydrochloride 10mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records that are available to me reveal that He appears to be benefiting from opioid therapy, therefore the request for Oxycodone Hydrochloride 10mg #90 is medically necessary.

**Celebrex 200mg #30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk, Selective COX-2 NSAIDs: celecoxib Page(s): 68, 70.

**Decision rationale:** Per the MTUS, Celecoxib (Celebrex) is the only available COX-2 in the United States and it is indicated in the treatment of osteoarthritis, rheumatoid arthritis and ankylosing spondylitis. Per the MTUS selective Cox-2 agents are indicated in patients at intermediate risk for gastrointestinal events and no cardiovascular disease. The MTUS lists specific criteria which determine if the patient is at risk for GI events and this includes age greater than 65 years. Based on the injured workers age, his clinical presentation and the guidelines the request for Celebrex 200mg #30 is medically necessary.

**Restoril 30mg #30: 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), Benzodiazepines.

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

**Decision rationale:** The MTUS does not recommend long term use of benzodiazepines, long term efficacy is unproven and there is a risk of dependence, most guidelines limit use to 4 weeks. tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines and the request for restoril 30mg # 30 is not medically necessary.

**Simvastatin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmedhealth](http://www.ncbi.nlm.nih.gov/pubmedhealth).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR) / Zocor (simvastatin).

**Decision rationale:** The MTUS/ ACOEM and ODG did not sufficiently address the use of simvastatin in the injured worker and therefore other guidelines were consulted. Per the PDR simvastatin is a "HMG-CoA reductase inhibitor used as an adjunct to diet to decrease total cholesterol, LDL, apolipoprotein B, and TG levels, and to increase HDL levels in primary hyperlipidemia or mixed dyslipidemia, hypertriglyceridemia, primary dysbetalipoproteinemia, homozygous familial hypercholesterolemia, heterozygous familial hypercholesterolemia (boys and girls who are at least 1 yr postmenarche, 10-17 yrs of age), and to reduce risk of coronary heart disease mortality and cardiovascular events". However a review of the injured medical records failed to reveal any clinical indication or therapeutic regimen for the use of simvastatin and without this information medical necessity cannot be established. Therefore, the request is not medically necessary.

**Percocet:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96 (78, 89, 95).

**Decision rationale:** Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. On going management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of

daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. However a review of the injured medical records failed to reveal any therapeutic regimen for the use of percocet and without this information medical necessity cannot be established. Therefore, the request is not medically necessary.

**Triazolam:** 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), Triazolam.

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

**Decision rationale:** The MTUS does not recommend long term use of benzodiazepines , long term efficacy is unproven and there is a risk of dependence. most guidelines limit use to 4 weeks. tolerance to all of its effects develop within weeks to months, and long term use may actually increase anxiety, a more appropriate treatment for anxiety disorder is an antidepressant. Chronic benzodiazepines are the treatment of choice in very few conditions. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines and the request for Triazolam is not medically necessary.