

<b>Case Number:</b>	CM14-0080757		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/09/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 claimant had a date of injury of 3/9/2009. Diagnoses include lumbosacral strain, neck strain and thoracic strain. He is treated with narcotic pain medication, cyclobenzaprine, topical pain medication, docusate, omeprazole and Fioricet. The requests are for cyclobenzaprine, hydrocodone, docusate, omeprazole, flurbiprofen/capsaicin/menthol, Fioricet for headaches, future drug screen in 60-90 days and psychiatric evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (no quantity or dosage given): Upheld**

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

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

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they

may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.

**Hydrocodone (no quantity or dosage given): Upheld**

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

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as hydrocodone, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or address the presence or absence of any adverse effects. Therefore, the record does not support medical necessity of ongoing opioid therapy with hydrocodone.

**Docusate Sodium (no quantity or dosage given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.drugs.com/ppa/docusate.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid induced constipation treatment

**Decision rationale:** CA MTUS guidelines do not address the use of stool softeners. ODG describes the need to counsel about the possibility of constipation with opioid treatment. First line treatment includes ensuring adequate hydration, physical activity and fiber rich diet. If this fails to control constipation, second line pharmacologic therapies may be considered. In this case, there is no documentation of any opioid related constipation and no discussion of any trial of first line therapy. Use of docusate is not medically indicated under these circumstances.

**Omeprazole (no quantity or dosage given): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

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

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any history to indicate a moderate or high risk for gastrointestinal events and omeprazole therefore is not medically necessary.

**Flurbiprofen menthol capsaicin, topical medication (no quantity or dosage given):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. The medical records do not describe any failure of first line treatments. As such, the request for flurbiprofen menthol capsaicin is not medically necessary and the original UR decision is upheld.

**Fioricet (no quantity or dosage given):** Upheld

**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 Other Medical Treatment Guideline or Medical Evidence: Toward Optimized Practice. Guideline for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul.

**Decision rationale:** CA MTUS addresses the use of Fioricet in chronic pain and does not recommend use because of high levels of dependency. The CA MTUS does not address use of Fioricet for migraines. The ACOEM and ODG do not address Fioricet use for migraines. Outside guidelines for the management of acute migraine pain caution against use of narcotic or barbiturates for migraines because of risks of dependency. These medications should be used only if first line medications have failed or are contra-indicated. When used, use should be limited to no more than 10 doses a month. In this case, there is no documentation of failure of, or contra-indication to, first line abortive therapy options. Furthermore, the frequency of headaches reported and the amount of Fioricet requested would exceed the recommendation to limit use to no more than 10 doses per month. The original UR decision partially certified #45 pills to allow for tapering of the medication so that first line abortive therapy could be instituted. I uphold the original UR decision.

**Psychiatric evaluation and treatment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**Decision rationale:** CA MTUS recommends psychological evaluation as an accepted and well-recognized tool in the management of chronic pain. Diagnostic evaluations should distinguish between pre-existing conditions, those aggravated by injury and those that are work related. Additionally, a psychological evaluation should determine if future treatment is needed. In this case, the request is for psychological evaluation and treatment. The need for psychological treatment can only be determined after a psychological evaluation. The requested service of both psychological evaluation and treatment is not medically necessary since no psychological evaluation has yet taken place.

**Future urine drug testing in 60 to 90 days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Drug Testing. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines), Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Urine Drug Screen

**Decision rationale:** CA MTUS recommends the consideration of drug screening before initiation of opioid therapy and intermittently during treatment. An exact frequency of urine drug testing is not mandated by CA MTUS with general guidelines including use of drug screening with issues of abuse, addiction or poor pain control. ODG recommends use of urine drug screening at initiation of opioid therapy and follow up testing based on risk stratification with recommendation for patients at low risk for addiction/aberrant behavior (based on standard risk stratification tools) to be testing within six months of starting treatment then yearly. Patients at higher risk should be tested at much higher frequency, even as often as once a month. In this case, the pain medication prescribed has been stable, there is no documented plan to change or increase medication and there is no information submitted to indicate a moderate or high risk of addiction or aberrant behavior in the patient. A recent urine drug screen is documented in the chart. There is no medical necessity for future urine drug screen and the original UR denial is upheld.