

<b>Case Number:</b>	CM15-0002809		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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 injured worker is a 44 year old male, who sustained a work related injury on 5/16/13. The diagnoses have included chronic L5-S1 bilateral radiculopathy, multiple metatarsal fractures in left foot, chronic low back pain, nonunion fracture of right distal fibula and neuropraxia right lower leg. Treatment to date has included oral medications, physical therapy, prolonged rest, TENS unit therapy, epidural steroid injection and activity modifications. Currently, the injured worker complains of severe bilateral foot, ankle, and knee pain, worsening right leg radiculopathy pain, difficulty walking due to pain that is intolerable without medications. There is pain upon range of motion of bilateral legs and included joints and tenderness and edema of right knee and both ankles and feet. It is noted that the pain is decreased and activity/function improves on pain medication. On 12/5/14, Utilization Review non-certified a prescription request for Ativan 1mg. #60, noting the drug is not recommended for long-term use and there is a risk of dependence. The injured worker has been on Ativan since late 2013. It was recommended that the injured worker be weaned off of this medication with prescription already in use. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/5/14, Utilization Review non-certified a prescription request for Norco 10/325mg. #180, noting there is no documentation of functional improvement on this medication. Non- MTUS, ACOEM Guidelines, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ativan 1mg #60 dispensed 11/18/14: Upheld**

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

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

**Decision rationale:** Per the 11/18/14 report the patient presents with severe bilateral foot, ankle, and knee pain along with right L5 radicular pain. The current request is for RETROSPECTIVE ATIVAN 1 mg #60 DISPENSED 11/18/14 Lorazepam a Benzodiazepine per the 11/18/14 report and 11/21/14 RFA. The patient is temporarily totally disabled as of 11/18/14. MTUS, Benzodiazepines, page 24 states, not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The patient's treatment history is limited as only two reports dated 10/07/14 and 11/18/14 have been provided for review. The treater states use is 2 daily for anxiety. The patient was prescribed the medication as of 10/07/14 and the 12/05/14 utilization review states Ativan has been prescribed since 12/03/13. Guidelines state use is recommended for up to 4 weeks and the patient has been prescribed this medication on a long-term basis. Furthermore, the reports provided for review do not state whether or not this medication helps the patient. The request IS NOT medically necessary.

**Retrospective Norco 10/325mg #180 dispensed 11/18/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 11/18/14 report the patient presents with severe bilateral foot, ankle, and knee pain along with right L5 radicular pain. The current request is for RETROSPECTIVE NORCO 10/325 mg #180 DISPENSED 11/18/14 Hydrocodone, an opioid per the 11/18/14 report and 11/21/14 RFA. The patient is temporarily totally disabled as of 11/18/14. 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 patient's treatment history is limited as only two reports dated 10/07/14 and 11/18/14 have been provided for review. Both reports show the patient is prescribed Norco, and the 12/05/14 utilization review states there have been 4 prior non-

certifications of Norco since 01/20/14. The 11/18/14 report states, He has been denied his Norco. He needs the medication to perform daily activities. Medications decrease pain and increase function, with 75% pain relief. Without medications pain is severe and constant, as well as intolerable. Analgesia is documented for this patient; however, no specific ADLs are mentioned to show a significant change with use of this medication. Opiate management issues are not fully documented. The treater does state that the appropriate use of opioid medications for chronic pain was discussed in detail, and that screening urinalysis will be performed periodically. However, no urine toxicology reports are provided for review or documented. Adverse behavior was not discussed. There is no mention of CURES. In this case, ADLs and opiate management have not been sufficiently documented to support long-term opioid use as required by guidelines. The request IS NOT medically necessary.

**Retrospective Prilosec 20mg #60 dispensed 11/18/14: Upheld**

**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 Page(s): 69.

**Decision rationale:** Per the 11/18/14 report the patient presents with severe bilateral foot, ankle, and knee pain along with right L5 radicular pain. The current request is for RETROSPECTIVE PRILOSEC 20 mg #60 DISPENSED 11/18/14 Omeprazole per the 11/18/14 report and 11/21/14 RFA. The patient is temporarily totally disabled as of 11/18/14. 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 patient's treatment history is limited as only two reports dated 10/07/14 and 11/18/14 have been provided for review. It is unclear how long the patient has been prescribed this medication. It is mentioned only on the 11/14/14 report. The treater does not discuss the intended use of the medication in the reports provided. In this case, the patient is prescribed an NSAID Anaprox. However, there is no documentation of GI issues for this patient nor is GI assessment provided as required by the MTUS guidelines. The request IS NOT medically necessary.