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| <b>Case Number:</b>   | CM15-0009375 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 01/28/2011 |
| <b>Decision Date:</b> | 04/20/2015   | <b>UR Denial Date:</b>       | 12/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: New York  
 Certification(s)/Specialty: Internal 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 32 year old female, who sustained an industrial injury on 1/28/11. She has reported severe lower back pain and bilateral leg pain. The diagnoses have included lumbosacral sprain, disc bulge, cephalgia, right cubital tunnel elbow and radicular pain, bilateral legs. Treatment to date has included medications, trigger point injection, epidural injection, physical therapy, home therapy and TENS unit. Electrodiagnostic studies performed 3/21/11 revealed left active L5 denervation clinically radiculopathy, (EMG) Electromyogram performed on 1/23/13 were normal and (EMG) Electromyogram studies performed on 8/16/13 revealed right cubital tunnel syndrome. Currently, the IW complains of severe lower back pain radiating down legs with spasms, burning and weakness of bilateral legs. On exam dated 12/14/14, lumbosacral tenderness is noted, tenderness over the ulnar border of right forearm with decreased sensation of right hand and trigger point of pain left side of lower back with palpation. On 12/16/14 Utilization Review non-certified Morphine 30mg # 90, noting there is no documentation that prescriptions are taken as directed; Fioricet # 60, noting barbiturate containing analgesic agents are not recommended for chronic pain; Nexium 40mg #30, noting there is no documentation that Nexium is being used as a second-line treatment; Hydroxyzine 20mg #60, noting there is no diagnosis documented for which Hydroxyzine is prescribed for; and lab tests of CBC and CMP, noting the medical necessity for the tests is not supported. The MTUS, ACOEM Guidelines, ODG and Non-MTUS Guidelines were cited. On 1/15/15, the injured worker submitted an application for IMR for review of Morphine 30mg # 90; Fioricet # 60; Nexium 40mg #30; Hydroxyzine 20mg #60; and lab tests of CBC and CMP.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Morphine 30mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

**Decision rationale:** MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no improvement in pain and function. Physician reports reveal an existing pain contract, consistent urine toxicology screen and documentation that this injured worker has had improvement in function and quality of life and exhibits no drug seeking behavior. With history of Gastritis and Gastroesophageal Reflux disease, NSAID use would not be appropriate. The request for Morphine 30MG #90 is medically necessary by demonstration of satisfactory response to treatment and by MTUS.

### **Floriset #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs). Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23. Decision based on Non-MTUS Citation <http://www.uptodate.com/>.

**Decision rationale:** MTUS does not recommend the use of Barbiturate-containing analgesic agents (BCAs) for chronic pain. There is a risk of medication overuse and rebound headache with these medications. Fioriset is recommended for use as needed in the treatment of tension or muscle contraction headaches. The injured worker is diagnosed with Tension type headache. Documentation fails to show that ongoing use of Fioriset has provided significant improvement in symptoms. The request for FIORICET #60 is not medically necessary.

### **Nexium 40mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/http://www.uptodate.com/>.

**Decision rationale:** MTUS addresses the use of Proton Pump Inhibitors (PPIs) when prescribed in combination with Non-steroidal anti-inflammatory drugs (NSAIDs) for patients at risk for gastrointestinal events. Per guidelines, PPIs are recommended for the treatment of gastrointestinal conditions including gastroesophageal reflux disease (GERD) and Helicobacter pylori (H. pylori). For symptomatic GERD, Nexium (esomeprazole) is recommended for 4 weeks and may be considered for an additional 4 weeks if symptoms do not resolve. PPI therapy may be used as maintenance therapy for most patients with more severe GERD. A short course (10 days) of PPI therapy is recommended in combination with antibiotics for H. pylori eradication. The injured worker is reported to have a history of GERD, Gastritis and H. pylori, treated with Nexium and Ranitidine, with symptom improvement. Documentation fails to indicate that presence of symptomatic or severe GERD to justify chronic PPI therapy. The request for NEXIUM 40MG #30 is not medically necessary per guidelines.

**Hydroxyzine 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://smartmedicine.acponline.org/>.

**Decision rationale:** Per guidelines, the use of Hydroxyzine is recommended in patients intolerant of first-line medications in the treatment of Generalized Anxiety Disorder. Documentation reveals that the injured worker is diagnosed with Anxiety, currently managed with additional medications, including Sertraline and Trazodone, with some relief. The request for HYDROXYZINE 20MG #60 is not medically necessary per guidelines.

**Laboratory Test: CBC, CMP:** Overturned

**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 <http://smartmedicine.acponline.org/>.

**Decision rationale:** Documentation reveals that the injured worker is treated with multiple medications, including Opioids and anti-anxiety medications. Lab testing is medically appropriate for monitoring. The request for : LABORATORY TEST CBC CMP is medically necessary.

