

<b>Case Number:</b>	CM15-0102792		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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, Massachusetts  
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 34 year old female who sustained an industrial injury on 12/31/2005 resulting in apparent injury to the bilateral shoulders, low back, right knee and right ankle. Treatment provided to date has included: psychiatric evaluation/therapy, medications, right shoulder surgery (2008), and injections to the shoulders (numerous). Diagnostic tests performed include: MRIs of the shoulders (2012) which reportedly showed articular surface tearing; MRI of the cervical spine showing disc disease at C3-C6; nerve studies (2012) that were noted to be unremarkable; and MRI of the lumbar spine (2006 & 2012) showing disc disease at L4-S1 with disc protrusion at L5-S1. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/06/2015, physician progress report noted complaints of pain in the thoracic and lumbar spine. There was no pain rating provided; however, the injured worker reports that her current medications are providing 30-40% reduction in pain. Current medications include: Protonix for stomach upset, Ultracet for moderate-to-severe pain, Lorazepam for anxiety, and Mirtazapine for insomnia. The physical exam revealed tenderness to palpation of the thoracic and lumbar paraspinal muscles with radiation to the chest bilaterally, swelling and tightness, pain upon palpation of the bilateral shoulders (more so in the trapezius and anterior shoulders), and right knee pain with full extension. The injured worker was noted to be wearing a hinged knee brace that was reported to be helpful on the right ankle along the anterior talofibular ligament. There was also pain noted along the plantar fascia. The provider noted diagnoses of discogenic cervical condition with facet inflammation, discogenic lumbar condition with facet inflammation and intermittent radiculopathy, right shoulder impingement with bilateral rotator cuff strain and bicipital tendonitis, right knee internal derangement and right knee strain/sprain. It was noted that the injured worker was not working. Plan of care includes continued (refill)

medications (Protonix, Ultracet, Lorazepam and Mirtazapine), a 10 panel urine drug screen. Requested treatments include Protonix, Ultracet, Lorazepam, and a 10 panel urine drug screen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally Protonix is a 2nd line therapy which is recommended to use if a first line such as omeprazole is first attempted and not efficacious. Considering lack of documented necessity and initial trial of first line treatment, the medication is not medically necessary at this time.

#### **Ultracet 37.5/325mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultracet), Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines Opioids, Criteria for use, page(s) 76-96 CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. Opioids are not recommended for long-term chronic use in chronic pain and it is not considered a first line therapy. Considering that this medication has been prescribed for an extended period of time as a first line agent without noted improvement in objective physical exam findings or functional capacity is an indication that continued long term use is not appropriate. Consequently continued use of short acting opioids is not medically necessary.

**Lorazepam 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Mental Illness & Stress Chapter, Benzodiazepines.

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

**Decision rationale:** According to the MTUS guidelines, benzodiazepines such as the above medication is 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 week. Additionally, the guidelines state that "tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety". The patient has been on this specific benzodiazepine medication for more than 4 weeks and there is no cited efficacy in the provided medical records to support continued use. Consequently the medical records and cited guidelines do not support continued use of this medication at this time. Therefore the request is not medically necessary.

**10 panel urine screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Online Version, Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 46.

**Decision rationale:** The MTUS guidelines states that "Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction." Considering that according to the clinical record there is not an active concern for dependence, addiction or misuse, then continued regular screening is not necessary. As well, considering that continued use of opioids and benzodiazepines is not considered to be clinically indicated than continued utilization of urine drug screen is also not medically necessary.