

<b>Case Number:</b>	CM15-0017635		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	12/18/2000
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 39 year old female, who sustained an industrial injury on 12/18/2000. She has reported neck, head, bilateral shoulders, arms, psyche, and back injuries due to lifting, pulling, pushing and pulling continuously. The diagnoses have included spinal discopathy, degeneration of lumbar or lumbosacral disc, cervicogenic headaches, chronic pain and anxiety disorder. Treatment to date has included medications, heat and ice, conservative care, diagnostics, surgery, psychological care, and acupuncture. Surgery included arthroscopy right shoulder 4/13, left shoulder 4/26 and right carpal tunnel surgery. Currently, the injured worker complains of neck pain that radiates to bilateral upper extremities. The pain is aggravated by activity. The pain is in the bilateral shoulders. She complains of ongoing frontal occipital headaches and pain between shoulder blades. The pain is rated 7/10 with medications, 10/10 without medications, and the pain has worsened. She reports frequent nausea. She reports activities of daily living (ADL's) limitations such as self care, hygiene, activity, hand function and sleep. She states that acupuncture has been helpful. Physical exam of the cervical spine revealed spasm noted with tenderness in the myofascial trigger points with twitch response in the trapezius bilaterally. The range of motion was limited and pain was increased with rotation. Magnetic Resonance Imaging (MRI) of the cervical spine dated 5/31/12 revealed degenerative disc changes without focal protrusion. Magnetic Resonance Imaging (MRI) right shoulder dated 12/1/11 revealed mild sprain of rotator cuff tendons. The injured worker is currently not working. On 1/2/15 Utilization Review non-certified a request for Tylenol #3 # 60 Refill 1, Prilosec TM 20mg # 60 1 Refill, Treximet 85/500mg # 15 and Diclofenac ER 100mg #30 Refill

1 times 2, noting that the analgesic response to any prior pharmacotherapy since the 2000 injury was not documented and there was no mention of any ongoing pain, migraine or gastrointestinal complaint to justify the requested medications. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

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

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

**Tylenol #3 # 60 Refill 1:** 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:** The patient presents with pain in bilateral shoulders, ongoing frontal occipital headaches, pain between shoulder blades as well as neck pain that radiates to bilateral upper extremities. The pain is rated 7/10 with and 10/10 without medications. The request is for TYLENOL #3 #60 REFILL: 1. The RFA is not provided. Patient is status-post arthroscopy right and left shoulders and right carpal tunnel surgery. Patient's diagnosis included spinal discopathy, degeneration of lumbar or lumbosacral disc, cervicogenic headaches, chronic pain and anxiety disorder. She also reports frequent nausea. The patient is currently not working. MTUS Guidelines pages 88 and 89 states, "The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (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 date of Tylenol #3 initiation is not known. Toxicology results on 10/09/2014 were inconsistent with the prescribed medications, not detected. A CURES report was obtained on 11/18/14 which did not show any inconsistencies. Per medical record dated 01/13/15, it was noted that the patient was attempting to wean opiate usage. In this case, although pain scales are reported to confirm analgesia, there are no specific discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. No opioid pain agreement was provided for review, MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

**Prilosec TM 20mg # 60 1 Refill:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, Chapter: Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with pain in bilateral shoulders, ongoing frontal occipital headaches, pain between shoulder blades as well as neck pain that radiates to bilateral upper extremities. The pain is rated 7/10 with and 10/10 without medications. The request is for PRILOSEC TM 20MG #60 1 REFILL. The RFA is not provided. Patient is status-post arthroscopy right and left shoulders and right carpal tunnel surgery. Patient's diagnosis included spinal discopathy, degeneration of lumbar or lumbosacral disc, cervicogenic headaches, chronic pain and anxiety disorder. She also reports frequent nausea. The patient is currently not working. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. The date of Prilosec TM initiation is not known. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The patient has been treated with Diclofenac and Treximet which contains an NSAID and continues to experience frequent nausea. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. The patient does present with the indication for Prilosec. Therefore, the request IS medically necessary.

**Treximet 85/500mg # 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medication for chronic pain Page(s): 22, 60. Decision based on Non-MTUS Citation Official disability guidelines Head Chapter, Imitrex Sumatriptan and Triptans.

**Decision rationale:** The patient presents with pain in bilateral shoulders, ongoing frontal occipital headaches, pain between shoulder blades as well as neck pain that radiates to bilateral upper extremities. The pain is rated 7/10 with and 10/10 without medications. The request is for TREXIMET 85/500MG #15 The RFA is not provided. Patient is status-post arthroscopy right and left shoulders and right carpal tunnel surgery. Patient's diagnosis included spinal discopathy, degeneration of lumbar or lumbosacral disc, cervicogenic headaches, chronic pain and anxiety disorder. She also reports frequent nausea. The patient is currently not working. ODG, Head Chapter, Imitrex Sumatriptan and Triptans, states, "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients." MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The date of Treximet initiation

is not known. This combination product contains two ingredients: naproxen and sumatriptan. Sumatriptan is recommended for migraine sufferers. The patient has ongoing frontal occipital headaches but there is no documentation of migraine headaches. Sumatriptan is not indicated for any general headaches and it is not a medication that is taken on a regular basis. It is indicated of migraines and taken before the onset along with an aura, then repeated as needed. The request IS NOT medically necessary.

**Diclofenac ER 100mg #30 Refill 1 times 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Diclofenac.

**Decision rationale:** The patient presents with pain in bilateral shoulders, ongoing frontal occipital headaches, pain between shoulder blades as well as neck pain that radiates to bilateral upper extremities. The pain is rated 7/10 with and 10/10 without medications. The request is for DICLOFENAC ER 100MG #30 REFILL 1 TIMES 2. The RFA is not provided. Patient is status-post arthroscopy right and left shoulders and right carpal tunnel surgery. Patient's diagnosis included spinal discopathy, degeneration of lumbar or lumbosacral disc, cervicogenic headaches, chronic pain and anxiety disorder. She also reports frequent nausea. The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes onto state that there is substantial increase in stroke. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. None of the reports indicate whether or not the patient has utilized other NSAIDs. The request IS NOT medically necessary.