

Case Number:	CM15-0136784		
Date Assigned:	07/31/2015	Date of Injury:	05/01/2013
Decision Date:	09/17/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/14/2015

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: Anesthesiology

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 64 year old female, who sustained an industrial injury on May 1, 2013. She reported a right shoulder injury due to repetitive work activities. The injured worker was diagnosed as having chronic neck pain, myositis neck, cervical spine degenerative disc disease, chronic rotator cuff tear right shoulder, arthritis acromioclavicular joint right shoulder, and chronic right shoulder pain. On February 27, 2015, x-rays of the right shoulder were performed in the treating physician's office. The x-rays revealed multilevel degenerative change that was likely pre-existing prior to her injury, including severe disc degenerative changes at lumbar 5-sacral 1 and mild grade spondylolisthesis at lumbar 4-5 per the treating physician review of the x-rays. On June 9, 2014, she underwent a right shoulder arthroscopy-arthrotomy with extensive debridement and bursectomy, acromioplasty, partial claviclectomy, and repair of chronic rotator cuff tendon repair. Treatment to date has included physical therapy, injections, bracing, activity modifications, and medications including short-acting and long-acting opioid analgesic, muscle relaxant, benzodiazepines, antidepressant, antihypertensive, thyroid supplement, proton pump inhibitor, histamine 2 blocker, Non-ergoline dopamine agonist (restless leg syndrome), high cholesterol and triglyceride reducer, migraine, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of hypertension and hypothyroidism. On May 6, 2015, the injured worker reported worsened right shoulder symptoms. Her pain is increased and is rated 3-10. The previous steroid injection helped for a few weeks. The physical exam revealed areas of cervical spine point tenderness and spasms, no spinal step-off, limited cervical range of motion, and normal motor strength of the

bilateral upper extremities except for some weakness of the shoulder girdle musculature. There was full neurovascular status in the bilateral upper extremities with normal reflexes and intact sensation. The right shoulder exam revealed areas of point tenderness, but not the acromioclavicular joint, sternoclavicular joint, glenohumeral joint, biceps tendon, and greater tuberosity. There was subacromial tenderness to palpation and limited range of motion in the shoulder and scapulothoracic articulations. Her current work status is temporarily totally disabled for 3 months. The treatment plan includes MS Contin, Norco, Soma, Voltaren Gel, and a cervical epidural steroid injection. Requested treatments include: a cervical epidural steroid injection, Ativan, Fluoxetine HCL, Imitrex, Levothyroxine Sodium, Multivitamin, Norco, Omeprazole, Pepcid, Ropinirole HCL, Tramadol HCL, Vytarin, Restoril, MS Contin, Temazepam, Soma, Voltaren Gel, and Losartan Potassium HCTZ.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175 and 181, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend no more than 2 epidural steroid injections as a treatment option for radicular (pain in dermatomal distribution) pain when there is corroborating documentation of radiculopathy. The physical exam must include documentation of radiculopathy and imaging studies and-or electrodiagnostic testing must corroborate the radiculopathy. Per the ACOEM guidelines, cervical epidural steroid injections are an option to avoid surgery of the neck. The injured worker reported neck and right shoulder pain, but there was no evidence in the physical exam to support that the pain was radicular in nature. There are no neurological deficits or radicular symptoms. There are imaging studies and/or electrodiagnostic testing that corroborated that the injured worker has radiculopathy. In addition, the request for cervical epidural steroid injection did not specify the level or levels to be treated. Therefore, the cervical epidural steroid injection is not medically necessary.

Ativan 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Lorazepam; Benzodiazepines.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CA MTUS) guidelines and the Official Disability Guidelines (ODG), benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. Chronic benzodiazepines are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant. Per the ODG, Lorazepam (Ativan) is not recommended for chronic pain. There was lack of documentation of the indication for the use of Ativan. Long-term use is not supported, as the Ativan as there was lack of documentation of the medication being prescribed by a psychiatrist. The injured worker has been taking Lorazepam (Ativan) since at least July 2014, which exceeds the guideline recommendations. In addition, there is lack of documentation of the physician rationale for the prescribing of multiple benzodiazepines. Therefore, the request for Ativan is not medically necessary.

Fluoxetine HCL 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Antidepressants for chronic pain; SSRI (selective serotonin re-uptake inhibitors).

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) guidelines recommend antidepressants as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Per the CMTUS, the main role of selective serotonin re-uptake inhibitor (SSRI) antidepressants may be in addressing psychological symptoms associated with chronic pain. Per the ODG, SSRI antidepressants are not recommended as a treatment for chronic pain. They may have a role in secondary depression treatment. The indication for these medications should be provided by prescribing physicians. More information is needed regarding the role of SSRIs and pain. Per the ODG, Fluoxetine is a SSRI antidepressant. The medical records show that the injured worker has been taking Fluoxetine HCL since at least July 2014. There is lack of documentation of the indication for the use Fluoxetine HCL. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for Fluoxetine HCL is not medically necessary.

Imitrex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Head procedure summary, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders): Triptans; Migraine pharmaceutical treatment.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent with regard to Triptans. The Official Disability Guidelines (ODG) recommends Imitrex, an oral Triptans, for migraine sufferers. The medical records show the injured worker has been taking Imitrex since at least July 2014. There is lack of evidence of the injured worker suffering from migraines. In addition, there is a lack of objective functional improvement with the treatment already provided. Therefore, the request for Imitrex is not medically necessary.

Levothyroxine Sodium 112mcg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD Consult Drug Monograph.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Levothyroxine (T4) is used in the treatment of primary, secondary (pituitary), and tertiary (hypothalamic) hypothyroidism. It is a synthetic thyroid hormone that is chemically identical to thyroxine (T4). The documentation indicates that the patient has a diagnosis of hypothyroidism. Medical necessity for the requested medication has been established. The requested medication is medically necessary.

Multivitamin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation reference.medscape.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Medscape Internal Medicine states that multivitamins are used for nutritional supplementation. A multivitamin is a preparation intended to be a dietary supplement which contains vitamins, dietary minerals, and other nutritional elements. In this case, there is no specific indication for the use of a multivitamin supplement. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and a recent urine drug screen to support compliance of treatment with Norco, which would be necessary for continued usage. There is no documentation of significant pain relief or increased function from the opioids used to date. In addition, there is lack of documentation of the physician rationale for the use of two short-acting opioids. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary. Therefore, this medication is not medically necessary.

Omeprazole 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain Procedure Summary- Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CA MTUS) guidelines, Omeprazole, a proton pump inhibitor, is recommended when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease while being treated with non-steroidal anti-inflammatory drugs (NSAIDs). Per the CMTUS, patients at risk for gastrointestinal events are older than 65 years; have a history of peptic ulcer, GI bleeding or perforation; are being treated with high dose-multiple non-steroidal anti-inflammatory drugs; or concurrent aspirin, corticosteroids, and-or an anticoagulant. There is a lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is less than 65 years old and has no history of peptic ulcer, GI bleeding or perforation. The injured worker is not being treated with high dose-multiple non-steroidal anti-inflammatory drugs or concurrent aspirin, corticosteroids, and-or an anticoagulant. Therefore, the Omeprazole is not medically necessary.

Pepcid 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Mosby, Inc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

Decision rationale: Famotidine (Pepcid) is a histamine H2 receptor. FDA recommends use of Famotidine for short-term treatment of duodenal ulcer disease, esophagitis, gastric hypersecretion, gastric ulcer, gastroesophageal reflux disease and indigestion. The injured worker had no complaints of gastrointestinal issues, nausea or history of peptic esophagitis, duodenitis, gastritis, gastroesophageal reflux disease or peptic ulcer. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Ropinirole HCL 0.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Knee and Leg, online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic): Restless legs syndrome (RLS).

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) guidelines are silent with regard to Ropinirole HCL. The Official Disability Guidelines (ODG) recommends Requip (Ropinirole), a dopamine agonist, as a second-line treatment for intermittent and daily restless leg syndrome (RLS) symptoms in individuals and should be reserved for patients who have been unresponsive to other treatment. Per the ODG, the essential criteria for diagnosis of RLS includes "(1) an urge to move the legs, usually accompanied by uncomfortable and unpleasant sensations in the legs. Pain is often a primary component (reported as often as 50% of the time). Symptoms may involve the arms or other body parts. (2) The urge to move-unpleasant sensations becomes worse during periods of rest or inactivity. (3) Movement partially relieves the urge to move-unpleasant sensations (at least as long as the movement continues). & (4) The urge to move-unpleasant sensations is generally worse at night, or only occurs at night." There was lack of evidence to support that the injured worker meets the essential criteria for diagnosis of RLS. Therefore, medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Tramadol HCL 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96 and 113.

Decision rationale: The California Medical Treatment Utilization Schedule (CA MTUS) guidelines recommend Tramadol, a synthetic short-acting opioid, as a second-line treatment for moderate to severe neuropathic and osteoarthritis chronic pain. The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and a recent urine drug screen to support compliance of treatment with Tramadol, which would be necessary for continued usage. There is the lack of objective evidence of functional benefit obtained from the opioid medication. In addition, there is lack of documentation of the physician rationale for the use of two short-acting opioids. Therefore, the Tramadol HCL is not medically necessary.

Vytorin 10/20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Vytorin is a combination of Ezetimibe/Simvastatin used for the treatment of dyslipidemia. It is a combination of Ezetimibe which reduces blood cholesterol by acting on the brush border of the intestine and inhibiting the absorption of cholesterol, leading to a decrease in the delivery of intestinal cholesterol to the liver, and simvastatin, an HMG-COA reductase inhibitor or statin, which blocks an enzyme necessary to make cholesterol. In this case, there is no documentation that the patient has hypercholesterolemia. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Restoril 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Temazepam; Benzodiazepines; Insomnia treatment.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CA MTUS) guidelines and the Official Disability Guidelines (ODG), benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. Per the ODG, Temazepam (Restoril) is a Food and Drug Administration (FDA) approved benzodiazepine for sleep maintenance insomnia. Due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia) Restoril is recommended for short-term use only. The medical record shows the injured worker reported she was losing sleep due to her pain. The injured worker has been taking Restoril since at least July 2014, which exceeds the guideline recommendations. In addition, there is lack of documentation of the physician rationale for the prescribing of multiple benzodiazepines. Therefore, the request for Restoril is not medically necessary.

MS Contin 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, MS Contin (Morphine) is a long-acting opioid. The long-term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and a recent urine drug screen to support compliance of treatment with MS Contin (Morphine), which would be necessary for continued usage. There is the lack of objective evidence of functional benefit obtained from the opioid medication. In addition, there

is lack of documentation of the physician rationale for the use of two short-acting opioids. Therefore, the MS Contin (Morphine) is not medically necessary.

Temazepam: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Temazepam; Benzodiazepines; Insomnia treatment.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CA MTUS) guidelines and the Official Disability Guidelines (ODG), benzodiazepines are recommended for short-term use due to long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are limited to 4 weeks use by most guidelines. Benzodiazepines have sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant effects. The tolerance of the hypnotic effects of benzodiazepines develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. Per the ODG, Temazepam is an FDA approved benzodiazepine for sleep maintenance insomnia. Due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia) Temazepam is recommended for short-term use only. The medical record shows the injured worker reported she was losing sleep due to her pain. The injured worker has been taking Temazepam since at least July 2014, which exceeds the guideline recommendations. In addition, it is unclear why this medication was requested twice (Restoril is Temazepam). This request is not medically necessary.