

<b>Case Number:</b>	CM15-0148536		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/03/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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 Jersey, New York  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 50-year-old male who reported an industrial injury on 7-3-2011. His diagnoses, and or impression, were noted to include: pain in the lower leg joint; tibialis tendinitis; Pes Plano-valgus deformity of the left foot; left posterior tibial tendon dysfunction status-post tendon repair, osteotomy and recession (10-2013 & 6-2014) and with persistent symptomatology; bilateral patellofemoral inflammation resulting from limping and should be compensatory; and sleep, stress, depression and sexual dysfunction due to chronic pain. No current imaging studies were noted. His treatments were noted to include: a qualified medical evaluation; orthopedic and pain management consultations and treatment; medication management; and rest from work. The progress notes of 7-14-2015 reported unchanged symptoms with quite a bit more nerve-like pain. Objective findings were noted to include: elevated blood pressure; mild swelling with tenderness along the left ankle, and tenderness along the peroneal nerve with dorsiflexion and plantar-flexion. The physician's requests for treatments were noted to include the continuation of Lorazepam for anxiety, Norco for pain, Celebrex for inflammation, and Aciphex for gastritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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.

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

**Decision rationale:** The request for Ativan is not medically necessary. Ativan is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks, which the patient has exceeded. SSRI's can be used for treatment of anxiety. Therefore, the request is considered not medically necessary.

**Norco 10/325mg #30:** 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): 78-79.

**Decision rationale:** The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in function. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.

**Celebrex 200mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex, NSAIDs Page(s): 30, 67.

**Decision rationale:** The request is considered not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding although less so with Celebrex. There was no objective documentation of functional improvement. Therefore, the request is considered not medically necessary.

**Aciphex 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Aciphex pulmonary.

**Decision rationale:** MTUS guidelines do not address the use of Aciphex. ODG guidelines state that PPI's like Aciphex are not useful with asthma or chronic cough. Aciphex is not a first-line PPI. H2blockers and a PPI like Omeprazole are to be trialed before using other PPI's. Therefore, the request is considered not medically necessary.