

Case Number:	CM15-0162675		
Date Assigned:	08/31/2015	Date of Injury:	07/18/1994
Decision Date:	10/15/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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 53 year old female who sustained an industrial injury on 07-18-1994 resulting in injury to the left shoulder. Treatment reported in the clinical notes included: surgeries to the multiple right shoulder surgeries, medications, and conservative therapies/care. Reported diagnostic testing has included an MRI of the left knee showing multiple intra-articular loose bodies and degenerative changes. There were no noted comorbidities or other dates of injury noted. On 06-22-2015, physician progress report (PR) noted complaints of low back and neck pain. The low back pain was rated 10 out of 10 in severity without medications and 7 out of 10 with medications, and was described as radiating into the right lower extremity (RLE) with associated numbness and weakness. The neck pain was rated 10 out of 10 in severity without medications and 7 out of 10 with medications, and was described as radiating to bilateral upper extremities (BUE) and intermittent with associated tingling and numbness. Additional complaints included muscle aches, arthralgia (joint pain), depression, and sleep disturbance. Current medications include Norco (by different physician), docusate sodium, fentanyl patches, topical Lidocaine, Miralax, tizanidine (Zanaflex), trazodone, and Wal-Zan. The physical exam revealed pain and crepitus with active range of motion (ROM) in the cervical spine, tenderness of the paracervical, trapezius and rhomboid musculature bilaterally, restricted abduction in the right shoulder when compared to the left, scar to the right knee with some swelling, bilateral knee pain with the initiation of movement and with extreme limits of ROM), painful reflexes in the bilateral knees, decreased sensation in the upper and lower extremities, and tenderness in the L5 paraspinal region bilaterally. The provider noted diagnoses of degenerative intervertebral disc

disease of the cervical spine, chronic pain syndrome, knee pain, degenerative intervertebral disc disease of the lumbar spine, and shoulder pain. Plan of care includes increase in Norco dosage, continuation of current medications, and follow-up in 2 months. The injured worker's work status permanent and stationary (unemployed). The request for authorization and IMR (independent medical review) includes: lorazepam 0.5mg #30 with 1 refill, and Duexis #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) chapter under Benzodiazepine.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity and neck pain radiating to bilateral upper extremities. The request is for Lorazepam 0.5MG #30 with 1 refill. The request for authorization is not provided. Physical examination of the cervical spine reveals crepitus and pain elicited by motion, tenderness of the paracervicals, the trapezius, and the rhomboid. Exam of lumbar spine reveals tenderness of the sacrum, tenderness of the paraspinals region at L5. Patient's medications include Docusate Sodium, Fentanyl Patch, Lidoderm Patch, Miralax, Norco, Tizanidine, Trazodone, and Wal-Zan. The patient's work status is not provided. MTUS Guidelines page 24 and Benzodiazepines section states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, Pain (chronic) chapter under Benzodiazepine states: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Treater does not specifically discuss this medication. Prescription history for Lorazepam is not provided to determine when this medication was initiated. MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks". In this case, the request for Lorazepam #30 with 1 Refill would exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

Duexis #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with low back pain radiating to the right lower extremity and neck pain radiating to bilateral upper extremities. The request is for Duexis #60 with 1 refill. The request for authorization is not provided. Physical examination of the cervical spine reveals crepitus and pain elicited by motion, tenderness of the paracervicals, the trapezius, and the rhomboid. Exam of lumbar spine reveals tenderness of the sacrum, tenderness of the paraspinals region at L5. Patient's medications include Docusate Sodium, Fentanyl Patch, Lidoderm Patch, Miralax, Norco, Tizanidine, Trazodone, and Wal-Zan. The patient's work status is not provided. Per FDA label indication, Duexis is a combination of the NSAID Ibuprofen and the histamine H2-receptor antagonist famotidine indicated for the relief of signs and symptoms of rheumatoid arthritis and osteoarthritis and to decrease the risk of developing upper gastrointestinal ulcers, which in the clinical trials was defined as a gastric and/or duodenal ulcer, in patients who are taking ibuprofen for those indications. The clinical trials primarily enrolled patients less than 65 years of age without a prior history of gastrointestinal ulcer. MTUS, pg 22 Anti-inflammatory medications section 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 pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. For Famotidine, MTUS page 68 and 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Treater does not specifically discuss this medication. Prescription history is not provided and it is unknown when Duexis was initiated and for how long it has been taken by the patient. MTUS does not recommend routine use of PPI's for prophylactic use without a proper GI risk assessment. Review of medical records do not show GI risk assessment, or documentation of GI issues such as GERD, gastritis or peptic ulcer, for which histamine H2-receptor antagonist such as Famotidine would be indicated. Treater does not discuss why a combination medication is required, either. Therefore, the request is not medically necessary.