

<b>Case Number:</b>	CM15-0167824		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	10/26/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 42 year old female, who sustained an industrial injury on 9-16-2014. The mechanism of injury is injury from cumulative trauma. The current diagnoses are sciatica, lumbar facet arthropathy, brachial plexus lesion, cervical degenerative disc disease with radiculitis, lumbar degenerative disc disease with radiculopathy, and sacroiliitis. According to the progress report dated 7-14-2015, the injured worker complains of constant low back pain with radiation into her bilateral lower extremities, right worse than left. In addition, she reports intermittent neck pain associated with weakness in her bilateral upper extremities. The level of pain is not rated. The physical examination of the lumbar spine reveals painful flexion and extension, straight leg raise is 80 degrees bilaterally, and negative Patrick's test bilaterally. Examination of the neck reveals pain with flexion and extension, limited motion on the right, Jamar grip strength is 75 pounds bilaterally, and negative Tinel's test bilaterally. The current medications are not specified. It is unclear when Ambien, Amrix, and Duexis were originally prescribed. According to the AME on 6-1-2015, the work status is described as permanent and stationary. Treatment to date has included medication management, x-rays, physical therapy, chiropractic, and MRI studies. A request for Ambien, Amrix, and Duexis has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **30 Ambien 5mg + 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien).

**Decision rationale:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation into her bilateral lower extremities and low back pain with radiation into her bilateral lower extremities. The patient is status post 4 shoulder surgeries on unspecified dates. The request is for 30 Ambien 5MG + 3 refills. Patient's diagnosis per Request for Authorization form dated 07/30/15 includes lumbar and cervical degenerative disc disease. Physical examination of the lumbar spine revealed painful flexion and extension. Treatment to date has included imaging studies, physical therapy, chiropractic and medications. Patient's medications include Flexeril, Ibuprofen, Celebrex and Ambien. The patient is permanent and stationary. Treatment reports were provided from 07/14/15 - 08/24/15. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Ambien is included in post UR (08/04/15) dated 08/12/15 progress report. ODG recommends Ambien for only short-term use (7-10 days), due to negative side effect profile. In this case, the request for quantity 30 plus 3 refills is excessive, does not indicate intended short-term use, and exceeds ODG indications. Therefore, the request is not medically necessary.

### **30 Amrix 15mg +3 refills: 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): Cyclobenzaprine (Flexeril).

**Decision rationale:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation into her bilateral lower extremities and low back pain with radiation into her bilateral lower extremities. The patient is status post 4 shoulder surgeries on unspecified dates. The request is for 30 Amrix 15MG +3 refills. Patient's diagnosis per Request for Authorization form dated 07/30/15 includes lumbar and cervical degenerative disc disease. Physical examination of the lumbar spine revealed painful flexion and extension. Treatment to date has included imaging studies, physical therapy, chiropractic and medications.

Patient's medications include Flexeril, Ibuprofen, Celebrex and Ambien. The patient is permanent and stationary. Treatment reports were provided from 07/14/15 - 08/24/15. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Amrix (Cyclobenzaprine) is included in patient's medications, per progress reports dated 07/14/15 and 08/12/15. It is not known when this medication was initiated. MTUS recommends Amrix, only for a short period (no more than 2-3 weeks). In this case, the request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for quantity 30 plus 3 refills does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**90 Duexis 800mg + 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 07/14/15 progress report provided by treating physician, the patient presents with low back pain with radiation into her bilateral lower extremities and low back pain with radiation into her bilateral lower extremities. The patient is status post 4 shoulder surgeries on unspecified dates. The request is for 90 Duexis 800MG + 3 refills. Patient's diagnosis per Request for Authorization form dated 07/30/15 includes lumbar and cervical degenerative disc disease. Physical examination of the lumbar spine revealed painful flexion and extension. Treatment to date has included imaging studies, physical therapy, chiropractic and medications. Patient's medications include Flexeril, Ibuprofen, Celebrex and Ambien. The patient is permanent and stationary. Treatment reports were provided from 07/14/15 - 08/24/15. 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 non-steroidal 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. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pages 68 and 69 regarding Famotidine 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 has not provided medical rationale for the request. It appears this is the initial trial of Duexis as there is no mention of this medication in prior progress reports. 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. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.