

<b>Case Number:</b>	CM15-0193441		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old female, who sustained an industrial injury on 10-22-2010. The injured worker was diagnosed as having cervical radiculopathy, lumbar disc protrusion, lumbar radiculopathy, bilateral carpal tunnel syndrome and bilateral knee chondromalacia patella. Treatment to date has included diagnostics, physical therapy, and medications. On 7-13-2015, the injured worker complains of constant neck pain radiating to the left upper extremity, with numbness and tingling (rated 8 out of 10, rated 9 out of 10 on 4-20-2015), constant low back pain with radiation to the bilateral lower extremities with numbness and tingling (rated 9 out of 10, rated 9 out of 10 on 4-20-2015), constant bilateral wrist pain with numbness and tingling (rated 6 out of 10 on the right, left not rated, rated 6-7 on 4-20-2015), and constant bilateral knee pain (rated 5 out of 10 on the right and 6-7 out of 10 on the left, rated 8 out of 10 bilaterally on 4-20-2015). Work status was permanent and stationary. Objective findings for the cervical and lumbar spine, bilateral wrists, and bilateral knees noted only range of motion. Function with activities of daily living was being impacted. There were subjective findings of gastrointestinal complaints associated with chronic pain syndrome and treatment. The mood and anxiety changes was ongoing. A Utilization Review report dated 7-08-2015 noted certifications for Colace, Valium and Xanax, modified certifications for Cyclobenzaprine and Norco, and non-certifications for Omeprazole, Terocin, Flurbiprofen-Lidocaine-Amitriptyline, Gabacyclotram, Genicin, Somnicin, Theramine, Sentra AM, and Sentra PM. Omeprazole, Cyclobenzaprine, Colace, Valium, and Xanax were prescribed since at least 1-29-2015. The treatment plan

included Cyclobenzaprine 10mg #45, Colace 100mg #120, Valium 10mg #30, Omeprazole 20mg #60, and Xanax 1mg #60 non-certified by Utilization Review on 9-16-2015.

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

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

#### **Cyclobenzaprine 10mg #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Medications for chronic pain, Muscle relaxants (for pain), Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise, behavioral modification and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with persistent muscle spasms be treated with physical methods. The records indicate that the duration of utilization of cyclobenzaprine had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of cyclobenzaprine 10mg #45 were not met. The request is not medically necessary.

#### **Solace 100mg #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that medications can be utilized for the prophylaxis and treatment of opioids induced constipation during chronic opioid treatment. The chronic use of opioids can be associated with decreased gastrointestinal motility, constipation and fecal impaction when untreated. The records indicate that the patient is utilizing opioid medications for the treatment of chronic musculoskeletal pain. The criteria for the use of Colace 100mg 120 were met. The request is medically necessary.

#### **Valium 10mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Benzodiazepines, Duloxetine (Cymbalta), Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anxiolytics can be utilized for the short term treatment of anxiety during exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise, behavioral modification and PT have failed. The chronic use of anxiolytics can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications with mood stabilizing and anxiolytic actions not benzodiazepine. The records indicate that the duration of utilization of Valium had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Valium 10mg #30 were not met. The request is not medically necessary.

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal complications associated with chronic analgesic use. The chronic use of NSAIDs for the treatment of musculoskeletal pain can be associated with gastrointestinal complications in the elderly and patients with a history of gastrointestinal disease. The records indicate that the patient had subjective complaints of significant gastrointestinal symptoms that worsened with chronic use of analgesic medications. The criteria for the use of omeprazole 20mg #60 were met. The request is medically necessary.

**Xanax 1mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Medications for chronic pain, Psychological treatment, Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that anxiolytics can be utilized for the short term treatment of anxiety associated with exacerbation of musculoskeletal pain when standard treatment with NSAIDs, exercise, behavioral modification and PT have failed. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The guidelines recommend that chronic pain patients with co-existing psychosomatic symptoms be treated with anticonvulsant and antidepressant medications with mood stabilizing and anxiolytic actions. The records indicate that the duration of utilization of Xanax had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Xanax 1mg #60 were not met. The request is not medically necessary.