

Case Number:	CM15-0194378		
Date Assigned:	10/13/2015	Date of Injury:	09/22/2005
Decision Date:	12/17/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/02/2015

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: Preventive Medicine, Occupational Medicine

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 57 year old male, who sustained an industrial injury on 9-22-2005. The injured worker was being treated for overuse syndrome of the bilateral upper extremities with status post bilateral carpal and cubital tunnel releases in 2002, bilateral shoulder strain, cervical strain with left chest and pectoral area radiculitis, gastroesophageal reflux disease and stomach upset due to chronic use of pain and non-steroidal anti-inflammatory medications, lumbar radiculopathy, incisional hernia repair on 3-24-2015, and insomnia, depression, and anxiety due to chronic pain. Medical records (3-17-2015 to 8-18-2015) indicate the injured worker reported ongoing bilateral wrist, hand, and elbow pain and numbness, right greater than left with lumpiness over the medial proximal forearm and medial distal wrist area. He reported right greater than left shoulder pain, neck pain radiating to the left upper chest, left clavicular region, and left shoulder with recent left greater than right hand tingling; low back pain radiating to the calves and intermittent numbness of the left big and second toes; occasional discomfort in the left groin area following hernia repair on 3-24-2015, and depression and frustration due to chronic pain. On 2-27-2015, his pain was rated 4-5 out of 10 with medication and 8-9 out of 10 without medication. On 8-18-2015, he reported that he had not had any opioid medications recently due to insurance denial. He reported a 50% decrease in pain was provided by opioids. The treating physician noted no significant side effects from opioids, no aberrant behavior, and the injured worker gets prescriptions only from this provider and they last as prescribed. Per the treating physician (2-27-2014 report), the injured worker had developed an allergic reaction (rash) when he was switched from Lortab to Norco. The physical exam (3-17-2015 to 8-18-

2015) revealed moderate spasm of the paralumbar muscles-left greater than right and decreasing lumbar range of motion. There was a ganglion cyst of the bilateral volar wrists, full range of motion of the wrists and fingers, minimally tender bilateral volar wrist surgical scars, and slight tenderness of the bilateral forearm flexor muscles. There was 2 cm soft tissue swelling in the right medial proximal flexor forearm muscles, full bilateral elbow range of motion, tenderness over the medial and posterior elbow, and slight tenderness of the bilateral medial elbow surgical scars. There were surgical scars over the bilateral shoulders and decreasing bilateral shoulder range of motion. There was tenderness and spasm of the paracervical muscle-more on the left and decreasing cervical range of motion. There was a slightly slow gait due to pain and the injured worker's mood and affect was slightly depressed. On 8-18-2015, a urine drug screen was positive for alpha-hydroxy-Alprazolam and Alprazolam. Per the treating physician (8-18-2015 report), an MRI of the lumbar spine from 8-20-2011 revealed: At L4-5 (lumbar 4-5), there was a 2-3 millimeter disc bulge with posterior annular tear resulting in mild bilateral neural foramina narrowing. At lumbar 5-sacral 1, there was a 2-3 millimeter posterior disc bulge and facet joint hypertrophy resulting in moderate to severe bilateral neural foramina narrowing. Per the treating physician (8-18-2015 report), an MRI of the cervical spine revealed: At C4-5 (cervical 4-5) and C5-6 (cervical 5-6), there were 2 millimeter posterior disc bulges without central stenosis or neural foramina narrowing. At C6-7 (cervical 6-7), there was a 1-2 millimeter posterior disc bulge and uncovertebral osteophyte formation. Treatment has included an elbow and forearm brace, and medications including pain, muscle relaxant, hypnotic (Lunesta since at least 4-2015), antianxiety (Xanax since at least 1-2015), antidepressant, proton pump inhibitor-antacid (Zegerid since at least 1-2015), muscle relaxant, and irritable bowel (Linzess since at least 1-2015). Per the treating physician (8-18-2015 report), the injured worker is permanently disabled. The treatment plan included continuing Norco 10-325mg one three times a day as needed, Lunesta 3mg at bedtime as needed for sleep, Zegerid 40mg one daily to prevent opioid bowel syndrome and manage acid reflux, and Xanax 0.5mg one three times a day for anxiety due to pain. The requested treatments included Norco 10-325mg, Lunesta 3mg, Zegerid 40mg, Linzess 145mcg, and Xanax 0.5mg. On 9-8-2015, the original utilization review non-certified requests for Norco 10-325mg #60, Lunesta 3mg #30, Zegerid 40mg #30, Linzess 145mcg #30, and Xanax 0.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 (per 08/18/2015 order): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. There is documentation that the patient fits one of these criteria. I am reversing the previous utilization review decision. Norco 10/325mg #60 (per 08/18/2015 order) is medically necessary.

Lunesta 3mg #30 (per 08/18/2015 order): 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) Pain, Eszopicolone (Lunesta).

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), Insomnia treatment.

Decision rationale: The Official Disability Guidelines do not recommend the long-term use of any class of sleep aid. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. The patient has been taking Lunesta longer than the maximum recommended time of 4 weeks. Lunesta 3mg #30 (per 08/18/2015 order) is not medically necessary.

Zegerid 40mg #30 (per 08/18/2015 order): 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 rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is documentation that the patient has one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Zegerid 40mg #30 (per 08/18/2015 order) is medically necessary.

Linzess 145mcg #30 (per 08/18/2015 order): Overturned

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): Opioids, criteria for use.

Decision rationale: The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The patient is currently prescribed an ongoing opioid regime for chronic pain. Consequently, the concurrent use of Linzess is medically reasonable. I am reversing the previous utilization review decision. Linzess 145mcg #30 (per 08/18/2015 order) is medically necessary.

Xanax 0.5mg #90 (per 08/18/2015 order): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Alprazolam (Xanax).

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

Decision rationale: Xanax (alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Xanax 0.5mg #90 (per 08/18/2015 order) is not medically necessary.