

<b>Case Number:</b>	CM15-0198847		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	03/16/2015
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 41 year old female, who sustained an industrial injury on 03-16-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical strain or sprain, lumbar strain or sprain, right shoulder strain or sprain, right shoulder impingement syndrome, and nausea. Medical records (04-20-2015 to 08-26-2015) indicate ongoing right shoulder pain rated 3 out of 10 in severity on a visual analog scale (VAS); neck pain rated 5 out of 10 in severity on a VAS; low back pain with radiation to the ankle and rated 8 out of 10 in severity on a VAS; knee pain rated 3 out of 10 in severity on a VAS; and headaches with facial numbness rated 5 out of 10 in severity on a VAS. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-26-2015-2015, revealed dis-allocated sensation with uncertain direction of pain with positive range of motion (ROM) in the right shoulder; negative ROM in the cervical spine with stiffness and tightness and moderate tenderness over upper trapezius; positive ROM in the lumbar spine, pain with flexion and extension, and moderate tenderness over the L5-S1; and reported nausea and dizziness with headaches. Relevant treatments have included: physical therapy (PT), work restrictions, and medications (tramadol, Norco, zolpidem, pantoprazole, and topical analgesics). The PR and request for authorization (08-26-2015) shows that the following medications were requested: pantoprazole 20mg #60, zolpidem 10mg #30, Norco 5-325mg #30, topical amitriptyline, gabapentin, bupivacaine and hyaluronic acid, and topical flurbiprofen, baclofen, dexamethasone, menthol, camphor and capsaicin. The original utilization review (09-08-2015) non-certified the

requests for pantoprazole 20mg #60, zolpidem 10mg #30, Norco 5-325mg #30, topical amitriptyline, gabapentin, bupivacaine and hyaluronic acid, and topical flurbiprofen, baclofen, dexamethasone, menthol, camphor and capsaicin.

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

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

#### **Pantoprazole 20mg #60: 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), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. His records do not indicate that the patient has been refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for pantoprazole prescription is not medically necessary.

#### **Zolpidem 10mg #30: 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), Zolpidem.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), "zolpidem is not recommended for long-term use." The clinical records submitted do

support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Therefore, based on the submitted medical documentation, the request for zolpidem is not medically necessary.

**Norco 5/325mg #30:** Upheld

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Norco 5/325 is not medically necessary.

**Amitriptyline/Gabapentin/Bupivacaine/Hyaluronic acid:** Upheld

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medication prescriptions. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, "There is little to no research to support the use of many of these agents." The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for a Amitriptyline/Gabapentin/Bupivacaine/Hyaluronic acid prescription is not medically necessary.

**Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin:** Upheld

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines address the topic of compound medication prescriptions. In accordance with California MTUS guidelines, topical analgesics are considered "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines go on to state that, There is little to no research to support the use of many of these agents. The guideline specifically says, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Compounded medications are not subject to FDA oversight for purity or efficacy. Therefore, based on the submitted medical documentation, the request for a Flurbiprofen/Baclofen/Dexamethasone/Menthol/Camphor/Capsaicin prescription is not medically necessary.