

<b>Case Number:</b>	CM15-0207040		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	05/11/2003
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 female, who sustained an industrial injury on 5-11-2003. The injured worker was being treated for cervical sprain, bilateral carpal tunnel syndrome, first extensor compartment tenosynovitis on the left, wrist joint inflammation on the left, stenosing tenosynovitis along the A1 pulley of the left thumb-status post release, and depression, sleep, anxiety and weight gain due to chronic pain and activity. Treatment to date has included diagnostics and medications. Currently (9-09-2015), the injured worker complains of minimizing chores because of weakness and pain along the upper extremities. Pain was not rated. She reported access to hot-cold wrap, 2 lead Transcutaneous electrical nerve stimulation unit ("not strong enough"), pillow, soft and rigid braces, elbow sleeve, and bilateral thumb splints. She reported "increasing problems with function and gripping, grasping, torquing, and what have you". The treating provider documented "have not seen this patient for basically two years personally". She was using "judicious amounts of Norco and Ativan" but current medication regimen was not noted. Sleep complaints, gastrointestinal complaints, and-or anxiety complaints were not noted. Objective findings included tenderness along the carpal tunnel area and along the facet joint of the cervical spine. Her work status was documented as "having difficulty with repetitive motion, gripping, grasping, torquing, and lifting just few pounds". The use of Ativan, Norco, Celebrex, and Aciphex was noted since at least 5-27-2015. Lunesta was requested, noting "tried Trazodone which is not allowing her to wake up". Prior urine toxicology-CURES reports

were not referenced. On 9-21-2015 Utilization Review non-certified a request for Norco 10-325mg #120, Ativan 1mg #60, Celebrex 200mg #30, Aciphex 20mg #30, Lunesta 2mg #30, and Flexeril 7.5mg #60.

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

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

**Norco 10/325mg #120:** 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 for chronic pain.

**Decision rationale:** MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic neck and bilateral upper extremity pain. Documentation fails to demonstrate adequate objective improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg #120 is not medically necessary.

**Ativan 1mg #60:** 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): Benzodiazepines.

**Decision rationale:** Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their use should be limited to 4 weeks. Documentation reveals that the injured worker has been prescribed this medication for a longer duration of time with no significant improvement in function. The request for Ativan 1mg #60 is not medically necessary, by MTUS.

**Celebrex 200mg #30:** Upheld

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

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

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Celebrex is a non-steroidal anti-inflammatory drug (NSAID) that is a COX-2 selective inhibitor. Unlike other NSAIDs Celebrex does not appear to interfere with the antiplatelet activity of aspirin and is bleeding neutral. Use of Cox 2 inhibitors (Celebrex) is recommended as an alternative in patients who could benefit from NSAID use, but are at risk for gastrointestinal events, such as bleeding. Documentation fails to show that the injured worker has had an initial trial of an NSAID other than Celebrex or has history of significant gastrointestinal events. Furthermore, there is lack of evidence of adequate objective improvement in the injured workers level of function or pain. The request for Celebrex 200mg #30 is not medically necessary per MTUS guidelines.

**Aciphex 20mg #30:** Upheld

**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 (PPIs).

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. In general, the use of a PPI should be limited to the recognized indications, including preventing gastric ulcers induced by NSAIDs, and used at the lowest dose for the shortest possible amount of time. Per guidelines, a trial of Omeprazole or Lansoprazole should be used before prescription Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. Documentation fails to demonstrate that the injured worker is at high risk of gastrointestinal events and there is lack of physician report of specific clinical conditions or extenuating circumstances to justify the recommendation for second-line drug such as Aciphex. The medical necessity for ongoing use of Aciphex has not been established. The request for Aciphex 20mg #30 is not medically necessary per guidelines.

**Lunesta 2mg #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-Treatment in Workers' Compensation, 9th Edition (web): Insomnia treatment.

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

**Decision rationale:** MTUS does not address this request. ODG states that hypnotics are not recommended for long-term use and should be limited to three weeks maximum in the first two months of injury only. Use in the chronic phase is discouraged. While sleeping pills 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. At the time of the request under review, physician report indicated that the injured worker has taken Trazodone for sleep. There is lack of detailed description of the injured workers sleep complains, prior treatment trials, including proper sleep hygiene, dose or duration of Trazodone or clinical outcome. Documentation indicates the injured worker has difficulty waking up with Trazodone, but there is no report of the current dose or report of dose adjustment. The medical necessity for Lunesta has not been established. The request for Lunesta 2mg #30 is not medically necessary based on ODG.

**Flexeril 7.5mg #60:** Upheld

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

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

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. The injured worker complains of chronic neck and bilateral upper extremity pain. Documentation fails to indicate clinical findings of muscle spasms, acute exacerbation, or significant improvement in level of pain or functional status to justify continued use of Flexeril. The request for Flexeril 7.5mg #60 is not medically necessary per MTUS guidelines.