

<b>Case Number:</b>	CM15-0026969		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/06/2006
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: Pennsylvania  
 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 54-year-old female who has reported multifocal pain, mental illness, and internal medicine conditions after an injury on 2/06/2006. The diagnoses have included lateral epicondylitis, neck sprain, chronic regional pain syndrome (CRPS), hypertension, insomnia, dysthymic disorder, congestive heart failure, and anxiety. Treatment to date has included multiple medications. Reports from the primary treating physician during 2014 reflect ongoing right wrist pain, ongoing prescribing of the medications now under Independent Medical Review, temporarily totally disabled work status, and no detailed patient-specific information regarding the ongoing results of use or indications for any of the medications. Lasix per one report is for fluid retention, with no further details provided. Neurontin was for nerve pain. Prilosec was for gastritis secondary to non-steroidal anti-inflammatory use. A report of 7/18/14 refers to a recent hospital stay for cellulitis, abnormal white blood cells, congestive heart failure, and anxiety. No further details were given. The usual medications were prescribed. A urine drug screen on 1/9/15 was negative for all drugs tested other than hydrocodone, including benzodiazepines, oxycodone, and zolpidem. The urine drug screen on 11/21/14 was negative for all drugs other than pentobarbital. The urine drug screen on 7/18/14 was positive only for tramadol. Per the PR2 of 10/10/14 there was ongoing extremity pain and a patient report of an elevated white count per her primary physician. The pulse was 101. A ganglion block was pending a medical clearance for congestive heart failure and anxiety. The medications now under Independent Medical Review were refilled, with no discussion of the specific results or patient-specific indications. A urine drug screen was performed. The work status was temporarily totally

disabled. Per the PR2 of 11/21/14, there was wrist and hand pain, tenderness, and paresthesias. The pulse was 113. A ganglion block was pending a medical clearance for congestive heart failure and anxiety. The medications now under Independent Medical Review were refilled, with no discussion of the specific results or patient-specific indications. A urine drug screen was performed. The work status was temporarily totally disabled. On 1/14/2015, Utilization Review partially certified Flexeril 7.5mg #120 and Norco 10/325mg #120; non-certified Oxycontin 30mg #60, non-certified Ultram ER 150mg #60, non-certified Prilosec 20mg #60, non-certified Neurontin 300mg #180, non-certified Lasix 40mg #30, non-certified Ambien 10mg #30, and partially certified Xanax ER 0.5mg #60. The MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

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

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

#### **Flexeril 7.5mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs; Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine; muscle relaxants Page(s): 41-42; 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The indication in this case is not clear, as the reports seem to refer to wrist pain as the main symptom. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

#### **Norco 10/325mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker has failed all of the drug screens in the records, and none of the results were discussed by the treating physician and the treatment plan never changed. Hydrocodone was not present in two of the three tests. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The treating physician has stated that the patient is temporarily totally disabled, which generally represents a profound degree of disability and failure of treatment. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Oxycontin 30mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials Page(s): 77-81; 94; 80; 81; 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker has failed all of the drug screens in the records, and none of the results were discussed by the treating physician and the treatment plan never changed. Oxycodone was not present in any of the tests. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The treating physician has stated that the patient is temporarily totally disabled, which generally represents a profound degree of disability and failure of treatment. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Ultram ER 150mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mechanical and compressive etiologies; Medication trials; Tramadol Page(s): 77-81; 94; 80; 81; 60; 94; 113.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The injured worker has failed all of the drug screens in the records, and none of the results were discussed by the treating physician and the treatment plan never changed. Tramadol was not present in two of the three tests. The prescribing physician describes this patient as temporarily totally disabled, which fails the return-to-work criterion for opioids in the MTUS, and represents an inadequate focus on functional improvement. The treating physician has stated that the patient is temporarily totally disabled, which generally represents a profound degree of disability and failure of treatment. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Prilosec 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: Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after minimal evaluation is not indicated. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. If one were to presume that a medication were to be the cause of the gastrointestinal symptoms, the treating physician would

be expected to change the medication regime accordingly, at least on a trial basis to help determine causation. Note the MTUS recommendation regarding the options for NSAID-induced dyspepsia. In this case, there is no evidence of any attempts to determine the cause of symptoms, including minimal attempts to adjust medications. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. Omeprazole is not medically necessary based on lack of medical necessity and risk of toxicity.

**Neurontin 300mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Medication trials Page(s): 16-21; 60.

**Decision rationale:** Per the MTUS, gabapentin is recommended for neuropathic pain. There is no good evidence in the records for neuropathic pain, although it may be present. There are no physician reports which address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. The temporarily totally disabled work status implies a failure of any functional improvement. Gabapentin is not medically necessary based on the lack of any clear indication, and the lack of significant symptomatic and functional benefit from its use to date.

**Lasix 40mg, #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult: Furosemide; Hypertension.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Furosemide: Drug information. In Up-to-date, edited by Ted. W. Post, published by Up-to-date in Waltham, MA, 2015.

**Decision rationale:** None of the reports adequately addresses the indications and ongoing necessity for Lasix. The treating orthopedic surgeon refers to congestive heart failure treated elsewhere but provides no further details of this condition or the possible use of Lasix to treat this condition. Lasix has a variety of indications, including congestive heart failure. The treating physician has stated that Lasix in this case is for fluid retention, which is not a diagnosis. The treating physician has not provided sufficient clinical information regarding any condition for which Lasix would be indicated. There is no evidence of any monitoring of the results of Lasix, including checking electrolytes and fluid status. Lasix is not indicated as an ongoing medication absent a clear diagnosis and careful monitoring of the ongoing clinical status. It is therefore not

medically necessary in this case. The MTUS does not provide direction for the use of Lasix. The Up-to-date citation above discusses the possible indications.

**Ambien 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; Mosby's Drug Consult: Zolpidem.

**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:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder. The treating physician has not addressed other major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. This injured worker has been prescribed this hypnotic for more than two months. There is no documentation of an adequate evaluation of the sleep disorder. The drug tests were negative for zolpidem, indicating lack of compliance and possible diversion. The treating physician did not address this. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, the failed drug tests, lack of any clear efficacy, and lack of sufficient evaluation of the sleep disorder.

**Xanax ER 0.5mg, #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. Benzodiazepines were not present in any of the drug tests, indicating lack of compliance and possible diversion. This was not addressed by the treating physician. This benzodiazepine is not prescribed according the MTUS, and is not medically necessary.