

<b>Case Number:</b>	CM15-0026976		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	10/29/2005
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/13/2015
<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: Arizona, Texas

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 was a 46-year-old female, who sustained an industrial injury, October 29, 2005. According to progress note of December 23, 2014, the injured workers chief complaint was low back pain, with spasms and radiation down the legs. The pain increases with driving. The injured workers had limitations with sitting, standing and walking. The injured worker had difficulty with sleeping and activities of daily living such as grooming and activities around the house. The injured worker was diagnosed with discogenic lumbar condition with radicular component down the lower extremities, status post fusion L5-S1, nerve studies showed irritability along L5 and S1 dermatome on the right and x-rays of December 23, 2014 showed mild multilevel degenerative changes, mild levoscoliosis was present at apex at L3 and status post L5-S1 fusion. The injured worker previously received the following treatments physical therapy psychiatry services, oral pain medication, muscle relaxants, sleep aides, bilateral transforaminal epidural injection at L5-S1 and X-rays on December 23, 2014 of the lumbar spine. On December 23, 2014, the primary treating physician requested authorization for Doculase 100mg #60, Flexeril 7.5mg (2 bottles of 60) #120 dispensed on 12/23/2014, Norco 10/325mg #120, Prilosec 20mg #60 and Temazepam 30mg #30. On January 13, 2015, the Utilization Review denied authorization for Doculase 100mg #60, Flexeril 7.5mg (2 bottles of 60) #120 dispensed on 12/23/2014, Norco 10/325mg #120, Prilosec 20mg #60 and Temazepam 30mg #30. The denial was based on the MTUS/ACOEM and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doculase 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid-Induced Constipation Treatment Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid-Induced constipation treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com Doculase: Drug Information.

**Decision rationale:** The MTUS is silent regarding the use of Doculase 100mg #60. According to Uptodate.com it is used as a stool softener in patients who should avoid straining during defecation and constipation associated with hard, dry stools; prophylaxis for straining following myocardial infarction. In this case, the documentation does not state the patient has hard, dry stools and that straining is contraindicated. The continued use of Ducolase is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 74-96.

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the MTUS section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long-term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case, the documentation does not support that the patient has had an improvement with functional status while taking these medications.

**Temazepam 30mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 24.

**Decision rationale:** 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. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case, the documentation shows the patient has been taking temazepam (a benzodiazepine medication) for longer than indicated.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 68-69.

**Decision rationale:** According to the MTUS the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. There is no documentation that she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, omeprazole is not medically necessary.