

<b>Case Number:</b>	CM15-0223170		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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: New Jersey

Certification(s)/Specialty: Family Practice

### 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 female, who sustained an industrial injury on March 12, 2004. The injured worker was currently diagnosed as having cervical spine sprain and strain, herniated cervical disc with radiculitis-radiculopathy, right shoulder sprain and strain, rule out tendonitis-impingement-cuff tear, left shoulder internal derangement, bilateral hands sprain and strain, rule out tendonitis-carpal tunnel syndrome, lumbar spine sprain and strain, herniated lumbar disc with radiculitis-radiculopathy, anxiety, depression, insomnia and gastritis. Treatment to date has included diagnostic studies, injection, physical therapy, topical compounds and oral medication. On September 29, 2015, the injured worker reported neck pain rated as a 5 on a 1-10 pain scale. Notes stated that previously, before her first cervical spine injection was performed on 09-12-15, she would rate her pain as an 8-9 on the pain scale. She noted a 55% improvement overall with pain and requested to proceed with a second injection. Notes stated that her pain would increase to a 7-8 on the pain scale if she continued in a fixed position throughout her work schedule. Physical examination revealed tightness and spasm at the trapezius and sternocleidomastoid and strap muscles right and left. Spurling and Foramina Compression tests were positive. There was tenderness of the rotator cuff, infraspinatus, supraspinatus and biceps tendon along with subacromial grinding and clicking bilaterally. Impingement test was positive. Spasms and tenderness were noted in the lumbar paraspinal muscles. The treatment plan included 2nd cervical spine epidural injection C5-6 and C6-7, cortisone injection for bilateral shoulders, ergonomic foot rest, Ultracet, Voltaren XR, Prilosec, Flexeril and topical cream. On October 9, 2015, utilization review denied a request for Ultracet 37.5-325mg #120, Prilosec 20mg #60 and Fexmid 7.5mg #120. A request for ultrasound guided cortisone injection right and left shoulder and Voltaren XR 100mg #60 was authorized.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325mg #120:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the notes provided for review, this full review was not documented as having been completed recently. In particular, no report was seen of how effective Ultracet was at reducing pain and improving function independent of other treatment methods and medications, which is required in order to justify continuation. Also, recent injection reduced pain 55%, which should lead to less medication use and should be reflected in requests for refills. Therefore, Ultracet 37.5/325 mg #120 seems medically unnecessary based on the factors above. Therefore, the request is not medically necessary.

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

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there is no found record in the documentation provided on any medical history or finding which would place this worker at elevated risk for gastrointestinal events to

warrant ongoing and regular use of Prilosec. Therefore, considering insufficient evidence for appropriateness and the side effect potential of this medication with chronic use, this request for Prilosec is not medically necessary.

**Fexmid 7.5mg #120:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Fexmid was used chronically leading up to this request for refill. However, this request was intended to have the worker continue to use Fexmid chronically, which is not medically necessary or appropriate based on the Guidelines. Also, no report was found stating how effective this medication was at improving overall function.