

<b>Case Number:</b>	CM15-0036688		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/18/2011
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Emergency 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 26 year old female who has reported neck, low back, and upper extremity pain after a motor vehicle accident on 7/18/2011. The current diagnoses are cervical disc displacement and degenerative disc disease of the lumbar spine. Treatment to date has included medications, physical therapy, and acupuncture. There are brief, handwritten reports from the primary treating physician during 2014. The primary treating physician began seeing this injured worker on 8/20/14. There are ongoing prescriptions for Zanaflex, Tylenol #3, naproxen, and cyclobenzaprine. Work status varies from modified to temporarily totally disabled. A urine drug screen on 10/13/14 was positive for carisoprodol, tramadol, benzodiazepines, and methadone. This test was not discussed in any of the treating physician reports. The apparent current medications did not include tramadol, benzodiazepines, and methadone. A pain management report of 11/7/14 notes the ongoing pain in the neck and back. Medications were Tylenol with codeine, naproxen, and cyclobenzaprine. Significant functional limitations were present. The injured worker was working for a different employer. Tylenol #3, Zanaflex, and ibuprofen were dispensed, with no discussion of the ongoing medications dispensed by the primary treating physician. Per the handwritten and partially illegible PR2 of 1/14/15, from the primary treating physician, there was neck pain with radiation to the upper extremities, low back pain with radiation to bilateral buttocks, and the pain levels were 7-9/10. There was tenderness with spasm. There was no discussion of the patient-specific indications and results of use for any medication. Pain was worse with activity. The medications now under Independent Medical Review were dispensed. The work status was modified. There was no discussion of any actual current work. A variety of generic guidelines were cited. On 2/16/2015, Utilization Review had non-certified Docuprene 100mg #60, Ibuprofen 800mg

#60, Omeprazole 20mg #60, and Acetaminophen #4 300mg/60mg #60. Zolpidem Tartrate 10mg #30 and Carisoprodol 350mg #30 were partially certified. The MTUS and the 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:

#### **Docuprene 100mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://fdb.rxlist.com/drugs/drug-154317-Docurpene+Oral.aspx?drugid=154317&drugname=Docuprene+Oral&source=0&pagenumber=6>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy [with opioids] (d) Prophylactic treatment of constipation should be initiated Page(s): 77.

**Decision rationale:** The treating physician reports do not address the indications for a laxative. It is presumed that it is given for possible opioid-related constipation. In light of the lack of medical necessity for opioids (see discussion below), this laxative is not medically necessary.

#### **Ibuprofen 800mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Back Pain - Chronic low back. NSAIDs, specific drug list & adverse effects Page(s): 60,68,70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. None of the kinds of functional improvement discussed in the MTUS are evident. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This kind of treatment result is not evident in the records. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional

and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**Zolpidem Tartrate 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) Treatment Index, 11th Edition (web) 2014, Pain, 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. This injured worker has been given a hypnotic for a duration in excess of what is recommended in the guidelines cited above. The reports do not discuss the ongoing medical necessity and results of use. The reports do not show specific and significant benefit of zolpidem over time. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations and lack of sufficient evaluation of the sleep disorder.

**Omeprazole 20mg #60: Upheld**

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

**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 on record. 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. 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. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity.

**Carisoprodol 350mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Carisoprodol (Soma) Page(s): 63, 29.

**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. His 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 over a year. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Acetaminophen #4 300mg/60mg #60:** Upheld

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

**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): 77-81,94,80,80,81,60.

**Decision rationale:** There is insufficient 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. There is no random drug testing program. The one urine drug screen result indicates a likely failed test, and this result was not addressed by the treating physician. These results are inconsistent with the prescribed opioids, indicating misuse of opioids, use of non-prescribed opioids or other psychoactive substances, ingestion of illicit substances, and evidence that the patient is not taking the prescribed opioids. Opioids are not medically necessary when there is evidence of inappropriate intake of opioids or other psychoactive substances. The records show that this injured worker has received opioids from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The prescribing physician does not specifically address function with respect to prescribing opioids, and there is no specific functional improvement evident in the records. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and other guidelines and is therefore not medically necessary.