MAXIMUS Federal Services

Case Number:	CM15-0047172		
Date Assigned:	04/08/2015	Date of Injury:	11/23/2007
Decision Date:	05/12/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/12/2015

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 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:

This 59 year old man has reported widespread pain after an altercation at work on 11/23/2007. The diagnoses include lumbar spine strain, degenerative disc disease, residuals of arthroscopic meniscectomy and chondroplasty of the right knee, left knee chondromalacia, residuals of anterior cervical spine fusion, rotator cuff tendinitis, arthrofibrosis of the right shoulder, left shoulder strain, cervicogenic headaches, chronic pain syndrome, anxiety and depression. The injured worker has also reported a variety of other systemic conditions and has been referred to a variety of specialists. Other diagnoses include a sleep disorder, hypertension, enlarged liver, pancreatic disease, acid reflux, peptic ulcer disease, and esophageal reflux. Orthopedic treatment has included surgeries, physical therapy, injections, and medications. The current treating orthopedic reports date back to 2013. None of the reports address the specific indications for any medication. None of the reports provide any evaluation of any non-orthopedic condition. Per the treating orthopedic surgeon reports of 10/2/14 and 11/6/14, there was back pain treated with epidural steroid injections, and pain in the shoulders, knee, and neck. The only physical findings were unspecified weakness and stiffness. Repeat injections were recommended. No medications were listed or discussed on 11/6/14. No other conditions other than low back pain were discussed. On 10/2/14 Benicar, Bystolic, Viibryd, Percocet, and Fiorinal were prescribed. Work status was "temporarily totally disabled." Per the PR-2 dated 1/29/2015 from the orthopedic surgeon, there was shoulder, cervical spine, and lumbar spine pain that was worsening. The physical examination findings were limited to unspecified tenderness and limited range of motion. No other conditions were discussed and no medications were discussed. The treatment

plan included Percocet, Ambien, Viibryd, Fiorinal, Prilosec, Xanax, Benicar, Bystolic, urine toxicology screen, and follow up in six weeks. There was no work status or discussion of function. On 10/3/14 a pain management physician prescribed Norco #180, Soma, Ambien, and Xanax. There was no mention of any other physicians who might be prescribing as well. This same physician refilled these medications on 6/6/14, 12/5/14 and 2/6/15. On 5/12/14 an internal medicine physician measured high blood pressure and prescribed Benicar, Bystolic, Viibryd, and Protonix. On 2/25/15 another internal medicine physician measured a normal blood pressure. He filled prescriptions for Prilosec, Benicar, and "anxiety medications." [The actual prescription appears to be Ambien.] A urinalysis was consistent with a urinary tract infection, although this was not discussed. On 2/13/15 Utilization Review non-certified Prilosec, Benicar, Xanax, Ambien, Fiorinal, Percocet, and Bystolic. Viibryd was certified. Note was made of a recent Utilization Review in which medications were found to be not medically necessary; weaning was recommended. The decisions were based on the lack of indications per the MTUS, the Official Disability Guidelines, and drugs.com. There was insufficient evidence for any internal medicine conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Proton Pump Inhibitors (PPIs).

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 from this physician which describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. This physician has not described any medications likely to adversely affect the acid milieu of the upper gastrointestinal tract. PPIs are not benign. 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. Other physicians are prescribing PPIs. This PPI is not medically necessary based on lack of medical necessity and risk of toxicity. Therefore, this request is not medically necessary.

Benicar 40mg #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); Diabetes Chapter, Hypertension treatment.

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: UpToDate, Choice of therapy in primary (essential) hypertension: Clinical trials.

Decision rationale: Benicar is presumably for treatment of hypertension. The MTUS does not address the treatment of hypertension. The UpToDate guideline was used instead. There are no reports from the treating physician which address hypertension and its evaluation or treatment per the cited guideline. None of the reports provide a blood pressure measurement. Medications for hypertension should not be prescribed without a careful analysis of the condition and the results of treatment. The records show that other physicians are treating this condition. Benicar as prescribed by this physician is not medically necessary.

Xanax 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Alprazolam (Xanax).

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

Decision rationale: The treating physician has not provided an account of the indications and functional benefit for this medication. None of the reports provide an account of the relevant signs and symptoms. The MTUS does not recommend benzodiazepines for long term use for any condition. The prescribing has occurred chronically, not short term as recommended in the MTUS. Other physicians are also prescribing Xanax. This benzodiazepine is not prescribed according the MTUS, is being prescribed by multiple physicians, and there is a lack of sufficient clinical evaluation. Xanax is not medically necessary.

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 (ODG); Pain Chapter, Zolpidem (Ambien).

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. None of the

reports address the specific indications or results of use for this medication. Other physicians are also prescribing this medication. Zolpidem is not medically necessary based on prolonged use contrary to guideline recommendations, prescribing by multiple physicians, and lack of sufficient evaluation of a sleep disorder.

Fiornal 50/325/40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The MTUS recommends against analgesics containing barbiturates. There are several significant, and negative, side effects. Other analgesics listed in the MTUS are available for treating chronic pain. There are no reports from the treating physician which address the specific benefits, indications, and ongoing medical necessity for this medication. None of the reports discuss this medication. The barbiturate-containing analgesic in this case is not medically necessary based on the MTUS.

Percocet 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opioids criteria for use, opioids for chronic pain.

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 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. None of these aspects of prescribing are in evidence. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The prescribing physician does not discuss this medication in his reports. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician describes this patient as "temporarily totally disabled", which fails the "return-to-work" criterion for opioids in the MTUS, implies a failure of treatment, and represents an inadequate focus on functional improvement. The records show that this patient is receiving opioids and other habituating medications from more than one physician. The MTUS recommends that patients receive their medication from one physician and one pharmacy. The MTUS recommends random urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and

other guidelines. No drug screen results were reported. 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.

Bystolic 20mg #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); Diabetes Chapter, Hypertension treatment.

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: UpToDate, Choice of therapy in primary (essential) hypertension: Clinical trials.

Decision rationale: Bystolic is presumably for treatment of hypertension. The MTUS does not address the treatment of hypertension. The UpToDate guideline was used instead. There are no reports from the treating physician which address hypertension and its evaluation or treatment per the cited guideline. None of the reports provide a blood pressure measurement. Medications for hypertension should not be prescribed without a careful analysis of the condition and the results of treatment. The records show that other physicians are treating this condition. Bystolic as prescribed by this physician is not medically necessary.