

<b>Case Number:</b>	CM15-0088772		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	03/23/2009
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 3/23/2009. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbago, lumbar sprain, lumbosacral disc degeneration, lumbar disc displacement, lumbosacral sprain, left ankle sprain and knee/leg sprain. There is no record of a recent diagnostic study. Recent treatment includes medication management. In a progress note dated 12/19/2014, the injured worker complains of low back pain with pain and radicular symptoms to the bilateral legs and feet. The treating physician is requesting Norco 10/325 mg #360, Prilosec 20 mg #120, Lisinopril 20 mg #120, Motrin 800mg #270, Soma 350 mg #270 and Valium 10 mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement. It should improve quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325 mg #360 is not medically necessary.

**Prilosec 20 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20 mg #120 is not medically necessary.

**Lisinopril 20 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Medications for subacute & chronic pain.

**Decision rationale:** According to the Official Disability Guidelines, there are multiple medication choices listed separately in the ODG (not all recommended). See Anticonvulsants for chronic pain; Antidepressants for chronic pain; Antidepressants for neuropathic pain; Antidepressants for non-neuropathic pain; Antiemetics (for opioid nausea); Anxiety medications in chronic pain; Anti-epilepsy drugs (AEDs); Anti-Inflammatories; Benzodiazepines; Boswellia Serrata Resin (Frankincense); Buprenorphine; Cannabinoids; Capsaicin; Cod liver oil; Compound drugs; Curcumin (Turmeric); Cyclobenzaprine (Flexeril); Duloxetine (Cymbalta); Gabapentin (Neurontin); Glucosamine (and Chondroitin Sulfate); Green tea; Herbal medicines; Implantable drug-delivery systems (IDDSs); Injection with anesthetics and/or steroids; Insomnia treatment; Intrathecal drug delivery systems, medications; Intravenous regional sympathetic blocks (for RSD, nerve blocks); Ketamine; Medical food; Methadone; Milnacipran (Ixel); Muscle relaxants; Nonprescription medications; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptoms & cardiovascular risk; Opioids (with links to multiple topics on opioids); Opioid-induced constipation treatment; Proton pump inhibitors (PPIs); Pycnogenol

(maritime pine bark); Sarapin (pitcher plant); Salicylate topicals; Tapentadol; Topical analgesics; Uncaria Tomentosa (Cat's Claw); Venlafaxine (Effexor); White willow bark; & Ziconotide (Prialt). Antihypertensives are not listed as a treatment for pain in the ODG, and the patient's job category does not qualify for treatment of heart trouble under California Labor Code Section 3212 as a presumptive on-duty injury. Lisinopril 20 mg #120 is not medically necessary.

**Motrin 800 mg #270:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Motrin 800 mg #270 is not medically necessary.

**Soma 350 mg #270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Soma 350 mg #270 is not medically necessary.

**Valium 10 mg #180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 24.

**Decision rationale:** The MTUS states that 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, benzodiazepines are Not Recommended as first-line medications by ODG. Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. The patient has been taking Valium for much longer than the 4 weeks suggested by the MTUS. Valium 10 mg #180 is not medically necessary.