

<b>Case Number:</b>	CM14-0116392		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	12/20/2004
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54-year-old female who reported an injury on 12/20/2004. The mechanism of injury was not submitted for review. The injured worker has diagnoses of status post anterior cervical discectomy and fusion at C4-5; status post cervical spine epidural steroid injection; bilateral shoulder sprain/strain; right wrist carpal tunnel syndrome; and left wrist carpal tunnel syndrome. Past medical treatment consisted of surgery, epidural steroid injections, physical therapy, and medication therapy. Medications included Ibuprofen, Omeprazole, Norco, and Ambien. On 1/27/2014, the injured worker underwent an x-ray of the cervical spine which revealed mild decrease in normal cervical lordosis; minimal osteophyte formation was seen at the anterior aspect of the C5 and C6 vertebral bodies; the C3-4 and C5-6 disc heights were minimally decreased. On 08/26/2014, the injured worker complained of cervical spine pain. The physical examination of the cervical spine revealed that there was tenderness to palpation and mild paraspinal spasms, worse on the right than the left. There was also tenderness into the trapezius. Spurling's sign was negative in the upper extremities. There was diminished sensation to light touch in the dorsum of the right forearm and dorsum of the right hand. Hoffman's sign was negative. The medical treatment for the injured worker was to continue with medication therapy and undergo additional epidural steroid injections. The rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg orally, every day #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Prilosec Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg daily with a quantity of 60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was documented in the submitted reports that the injured worker was taking Norco and Tramadol. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the efficacy of the medication was not submitted for review. As such, the request is not medically necessary.

**Tramaadol 50mg 1 tablet every 6 hours as needed #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Ongoing Management Page(s): 82, 93, 94, 113; 78.

**Decision rationale:** The request for Tramadol 50 mg is not medically necessary. The California MTUS states central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. The California MTUS Guidelines recommend that there should be documentation of the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The guidelines also state that assessments should be submitted, indicating what pain levels were before, during, and after medication administration. The submitted documentation did not provide any urinalysis or drug screens showing that the injured worker was in compliance with her medications. Additionally, the efficacy of the medication was not submitted for review, nor was whether the medication was helping with any functional deficits. Furthermore, no assessments were submitted indicating what pain levels were before, during, and after medication administration. Given the lack of documentation submitted for review, and that the injured worker failed to have a diagnosis that was congruent with the above guidelines, the request is not medically necessary.

**Cervical spine epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The request for a cervical spine epidural steroid injection is not medically necessary. The California MTUS Guidelines recommend ESIs as an option for the treatment of radicular pain. An epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is no information on improved function. The criteria for the use of ESIs are as follows: radiculopathy must be documented by a physical examination and corroborated by imaging studies; patients must be initially unresponsive to conservative treatment; injections should be performed using fluoroscopy; and no more than 2 nerve root levels should be injected using transforaminal blocks. The submitted documentation lacked any objective findings of radiculopathy, numbness, weakness, or loss of strength. There was also no diagnosis of radiculopathy in the submitted reports. Additionally, there was no evidence showing the injured worker's initial unresponsiveness to conservative treatment, which would include exercise, physical methods, and medication. Furthermore, the request as submitted did not indicate the use of fluoroscopy for guidance, nor did it indicate at what level the epidural was going to be given. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Norco 10/325mg 1 tablet orally every 6 hours as needed #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75; 78.

**Decision rationale:** The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The guidelines also state that dosing of opioids should not exceed 120 mg of oral morphine equivalents per day, and for patients taking more than 1 opioid, the morphine equivalent dose of the different opioids must be added together to determine the cumulative dose. An assessment should be documented indicating what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication or whether the medication was helping with any functional deficits. Furthermore, there were no drug screens or urinalysis submitted for review indicating that the injured worker was compliant with her medications. Additionally, there were no assessments indicating what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

**Ambien 10mg 1 tablet every evening prior to sleep as needed:** Upheld

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

**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, Ambien.

**Decision rationale:** The request for Ambien 10 mg is not medically necessary. The Official Disability Guidelines state that Ambien is a short acting nonbenzodiazepine hypnotic which is approved for short term (usually 2 to 6 weeks) treatment for insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills (so called minor tranquilizers) and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely - if ever - recommend them for long term use. They can be habit forming, and they may impair function and memory more than opioid pain relievers. There is also a concern that they may increase pain and depression over long term use. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. It was noted in the documentation dated 08/26/2014 that the injured worker had been taking this medication since at least that time, exceeding the recommended guidelines for short term use. Furthermore, the efficacy of the medication was not submitted for review indicating whether the medication was helping with the injured worker's insomnia. The request as submitted did not indicate a quantity or a frequency of the medication. Given the above, the injured worker is not within the ODG recommendations. As such, the request is not medically necessary.