

<b>Case Number:</b>	CM14-0166222		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/08/2012
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a lumbar support; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a Utilization Review Report dated October 7, 2014, the claims administrator retrospectively denied a request for Voltaren, Protonix, Flexeril, Ambien, and Ultram. The applicant's attorney subsequently appealed. In an April 4, 2014 progress note, the applicant reported persistent complaints of neck, low back, and bilateral leg pain. The applicant was apparently not working, age 48. The applicant was formally employed as [REDACTED] employee. The applicant's problem list included hypertension, dyslipidemia, and heartburn. The applicant medications list included Zocor, Zestril, Prilosec, and Motrin. The applicant had work related issues involving post-concussive syndrome, chronic neck pain, chronic low back pain, anxiety, and depression. Multiple medications were dispensed, including Voltaren, Protonix, Ultram, and Flexeril. A 30-pound lifting limitation was endorsed. The applicant was not working with said limitation in place. On September 8, 2014, the applicant reported persistent complaints of low back pain. The applicant was again described as using Zocor, Zestril, Motrin, and Prilosec through his personal physician. The applicant was given a lumbar support. The applicant was asked to perform home exercises and obtain pain psychology consultation along with a neurology consultation. Voltaren, Protonix, Ultram, Flexeril, and Ambien were all endorsed, along with a 30-pound lifting limitation. Once again, it did not appear that the applicant was working with said limitation in place.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Voltaren 100mg #30 between 9/8/14 and 9/8/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Anti-inflammatory Medications Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variable such as "other medications" into his choice of recommendations. In this case, however, the attending provider has failed to furnish a compelling rationale for provision of Voltaren, an anti-inflammatory medication, along with Motrin another anti-inflammatory medication, which the applicant has already taken through his personal physician. Therefore, the request was not medically necessary.

**Retrospective: Protonix 20mg #30 between 9/8/14 and 9/8/14: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic usage of proton pump inhibitors is recommended in applicants at heightened risk for gastrointestinal events. In this case, the applicant is using two separate anti-inflammatory medications, Motrin and Voltaren. Prophylactic provision of a proton pump inhibitor, Protonix, was indicated. Therefore, the request was medically necessary.

**Retrospective: Flexeril 7.5mg #90 between 9/8/14 and 9/8/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant is, in fact, using a variety of NSAID and opioid agents. Adding Cyclobenzaprine or Flexeril to the mix was not indicated. Therefore, the request was not medically necessary.

**Retrospective: Ambien 10mg #20 between 9/8/14 and 9/8/14: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ambien Medication Guide

**Decision rationale:** The MTUS does not address the topic of Ambien usage. As noted by the Food and Drug Administration (FDA), Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, Ambien was, per the documentation on file, seemingly introduced for the first time on the September 8, 2014 office visit in question. The 20 tablet supply of Ambien furnished by the attending provider did, in essence, conform to the FDA label as it implied short-term, transient, and fleeting usage of Ambien. Therefore, the request was medically necessary.

**Retrospective: Ultram ER 150mg #60 between 9/8/14 and 9/8/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** The request in question represented a renewal request. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has failed to return to work. The applicant was not working at age 48, despite ongoing usage of Ultram. The attending provider failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Ultram usage. Therefore, the request was not medically necessary.