

<b>Case Number:</b>	CM14-0166480		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/04/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/12/2014
<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 injured worker is a 60 year old female with a date of injury on June 4, 2012. As per the report of August 26, 2014, she complained of constant neck pain with intermittent pain extending into the right upper extremity, and ongoing headaches. She rated the pain at 10+/10 without medication and 7-8/10 with medication. She also complained of constant low back pain extending down the right lower extremity with associated numbness and nausea and heartburn associated with the use of medications which was well-controlled with Protonix. She has difficulty sleeping secondary to pain for which he was taking Xanax with good benefit. Urine drug screen report dated August 28, 2014 was positive for Hydrocodone, Norhydrocodone, and Acetaminophen. An electromyogram and nerve conduction velocity study dated August 1, 2013 revealed mild abnormal findings of the right lower extremity. A magnetic resonance imaging scan dated July 26, 2013 revealed hyperlordosis and scoliosis, posterior disc protrusion to the lower four lumbar interspaces with mild central stenosis at all four levels, and multilevel foraminal narrowing, most pronounced at the left L1-2 and on the right at L5-S1. He underwent a C5-6 removal of cervical hardware, inspection of fusion, re-grafting of screw holes, intraoperative spinal cord monitoring, intraoperative use of fluoroscopy for localization, and removal/interpretation, use of demineralized bone matrix allograft, application of rigid cervical orthosis and excision of scar tissue of anterior C-spine. She is currently on Lyrica, Ambien, Protonix, Alprazolam ER, Norco, and Oxycodone and allergic to Morphine and Codeine. She underwent two trigger point injections; one for spasmed lumbar paraspinal musculature and the other to his left hip. Diagnoses include cervicogenic headaches, C5-6 and C6-7 disc degeneration, left leg radiculopathy with weakness, L4-S1 disc degeneration, C5-6 posterior disc protrusion, right greater trochanter bursitis, and left coronal plane deformity. The request for one

month supply of Zofran 4mg and one month supply of Protonix 20 mg was denied; and two week supply of Xanax 0.05 mg was certified on September 10, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **One month supply of Zofran 4mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=fc3d39e0-8bf2-4c29-b872-66a1cf8bb2fb>.

**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), Antiemetics (for opioid nausea)

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines have not addressed the issue of dispute. According to the Official Disability Guidelines, Antiemetics (for opioid nausea) are not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is approved by the Food and Drug Administration for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also approved by the Food and Drug Administration for postoperative use as well as for gastroenteritis. In this case, there is no documentation of nausea refractory to first line treatments. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not considered medically necessary.

#### **One month supply of Protonix 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

**Decision rationale:** According to the Medical Treatment Utilization Schedule guideline, Protonix (a proton pump inhibitor), is recommended for those at intermediate risk for gastrointestinal events. The Medical Treatment Utilization Schedule guidelines also state that proton pump inhibitor medications such as pantoprazole (Protonix) may be indicated for workers at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, gastrointestinal bleeding or perforation; 3) concurrent use of acetylsalicylic acids, corticosteroids, and/or an anticoagulant; or 4) high dose/multiple nonsteroidal anti-inflammatory drugs (e.g., nonsteroidal anti-inflammatory drug + low-dose acetylsalicylic acid) Treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy recommendation is to stop the nonsteroidal anti-inflammatory drug, switch to a different

nonsteroidal anti-inflammatory drug, or then consider H2-receptor antagonists or a proton pump inhibitor. The guidelines recommend gastrointestinal protection for workers with specific risk factors; however, the medical records do not establish the injured worker is at significant risk for gastrointestinal events or unresponsive to first line therapy for dyspepsia. Furthermore, long-term use of proton pump inhibitor (> 1 year) is not recommended due to increased risk of hip fracture. In absence of documented dyspepsia unresponsive to change / discontinuation of nonsteroidal anti-inflammatory drug, the medical necessity of Protonix has not been established; it is therefore considered not medically necessary.

**Two week supply of Xanax 0.05mg:** Upheld

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

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

**Decision rationale:** According to the guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. In this case, the medical records document the injured worker is taking Xanax for sleep. Xanax is not considered as first line therapy for insomnia. Furthermore, there is no documentation of proper sleep hygiene being addressed. Per guidelines, long-term use of benzodiazepines is not recommended. The medical records do not provide a clinical rationale that establishes appropriateness for Xanax under the evidence-based guidelines. Therefore, the two weeks supply of Xanax is not considered medically necessary.