

<b>Case Number:</b>	CM14-0166499		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	10/16/2003
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 62-year-old woman, with a medical history of Osteoarthritis, Hypercholesterolemia, Anemia, Allergic Rhinitis, Deep Vein Thrombosis, and Hypertension, who sustained a work-related injury on October 16, 2003. Subsequently, she developed chronic low back, neck, and knee pain. The patient underwent a left knee arthroscopic medial meniscectomy in April 2003, arthroscopic medial meniscectomy in February 2004, left knee arthroscopy with lateral meniscectomy in July 2004, arthroscopic clean out for infection in August 2004 and December 2004, left total knee arthroplasty in October 2004, cervical fusion in September 2008, right foot surgery in March 2011, laminotomy in March 2012, bilateral decompressive and left rotator cuff surgery in February 2013, and right total knee arthroplasty in October 2013. The patient was treated with medications, physical therapy, occupational therapy, and ice application. According to the preoperative risk assessment dated August 13, 2014, the patient complained of chronic thoracic and lumbar pain with numbness and tingling in the feet bilaterally. The patient reported fair to good exercise tolerance. On examination, the extremities were normal with no edema or tenderness. The pulses were palpable. There was lower back pain. The gait was normal. The motor strength was normal bilaterally. The patient was diagnosed with lumbago and pain in the thoracic spine. The provider requested continuation of the following medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone APAP:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear justification for the need to continue the use of Hydrocodone. The patient was treated with Hydrocodone without any evidence of pain and functional improvement, compliance and monitoring of side effects. Therefore, the prescription of Hydrocodone/APAP tab is not medically necessary.

**Metoprolol Succinate 50mg:** 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, Hypertension treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/lopressor-drug.htm>

**Decision rationale:** Metoprolol is a beta blocker indicated to treat HTN. The patient has a history of HTN and the use of Metoprolol is indicated. However the provider has to document the dose and the duration of the treatment. A plan to document the efficacy and side effect of the drug was not provided. Therefore, the request for Metoprolol Succinate 50mg is not medically necessary.

**Benazepril 40mg:** 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 <http://www.rxlist.com/lotensin-drug.htm>

**Decision rationale:** Benazepril is ACE inhibitor use for the treatment of HTN. The patient has a history of HTN and the use of Benazepril is indicated. However the provider has to document the dose and the duration of the treatment. A plan to document the efficacy and side effect of the drug was not provided. There is no justification for the use of several BP medications. Therefore, the request for Benazepril 40 mg is not medically necessary.

**Hydrochlorothiazide 25mg:** 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, Hypertension treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/ziaac-drug.htm>

**Decision rationale:** Hydrochlorothiazide 25mg is a diuretic used for the treatment of HTN. The patient has a history of HTN and the use of Hydrochlorothiazide 25mg is indicated. However the provider has to document the dose and the duration of the treatment. A plan to document the efficacy and side effect of the drug was not provided. There is no justification for the use of several BP medications. Therefore, the request for Hydrochlorothiazide 25mg is not medically necessary.

**Lyrica 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 19-20.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 20.

**Decision rationale:** According to MTUS guidelines, Lyrica is anti-epilepsy drug (AEDs - also referred to as anti-convulsant), which has been shown to be effective for treatment of diabetic; painful neuropathy and post-therapeutic neuralgia; and has been considered as a first-line treatment for neuropathic pain. There is no clear documentation of neuropathic pain in this patient that required and responded to previous use of Lyrica. In addition, there is no clear proven efficacy of Lyrica for back pain. Therefore, Lyrica 100 mg is not medically necessary.

**Simvastatin 10mg:** 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, Statins

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/zocor-drug.htm>

**Decision rationale:** Simvastatin is a cholesterol lowering agent. The patient has a history of elevated cholesterol and the use of cholesterol lowering agent is indicated. However, Simvastatin cannot be used for long time without documentation of its efficacy and side effect. The provider has to document the dose and the duration of the treatment and plan to monitor the cholesterol level and the side effect such as monitoring the CK levels. Therefore the prescription of Simvastatin is not medically necessary.

**Nasonex Suspension 50mcg/act:** 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), Pulmonary, Nasal Spray

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/nasonex-drug.htm>

**Decision rationale:** Nasonex Suspension 50mcg/act is an anti-inflammatory corticosteroid used for rhinitis. There is no recent documentation for rhinitis and therefore the continuous use of Nasonex Suspension 50mcg/act is not medically necessary.

**Astepro solution 0.15%:** 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 <http://www.rxlist.com/astepro-drug.htm>

**Decision rationale:** Astepro solution is an anti-histamine drug used for the treatment of rhinitis. There is no recent documentation of recent rhinitis and the use of Astepro solution is not medically necessary.

**Baclofen 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen Page(s): 65.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Baclofen is usually used for spasm in spinal cord injury and multiple sclerosis. There is no clear evidence of acute exacerbation of spasticity in this

case. Continuous use of baclofen may reduce its efficacy and may cause dependence. Therefore, the request for Baclofen 10mg is not medically necessary.

**Calcium plus D plus K tablet 750-500-40mg unt mcg: 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, Vitamin D (cholecalciferol) and Vitamin K. Also, [www.ncbi.nlm.nih.gov/pubmed/10601943](http://www.ncbi.nlm.nih.gov/pubmed/10601943), The role of calcium in health and disease

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/actonel-with-calcium-drug.htm>

**Decision rationale:** There is no documentation that the patient developed osteoporosis, therefore the prescription of Calcium D+ K is not medically necessary.

**Biotin tablet: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/15992683](http://www.ncbi.nlm.nih.gov/pubmed/15992683), J Nutr Biochem. 2005 Jul; 16(7): 424-7, Pharmacological effects on biotin. Fernandez-Mejia C.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/biotin/supplements.htm>

**Decision rationale:** There is documentation for a biotin deficiency and therefore the use of Biotin is not medically necessary.

**Magnesium 200mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/10727669](http://www.ncbi.nlm.nih.gov/pubmed/10727669), Magnesium. An update on physiological, clinical and analytical aspects.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/magnesium/supplements.htm>

**Decision rationale:** There is no documentation of magnesium deficiency and the use of Magnesium 200mg is not medically necessary.