

<b>Case Number:</b>	CM14-0166659		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	03/30/2000
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	09/26/2014
<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 Emergency 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:

Patient with reported date of injury on 3/30/2000. No mechanism of injury was documented. Patient has a diagnosis of pseudoarthrosis status post surgery, spondylolisthesis in lumbar region and R knee chondromalacia. No information concerning surgery was documented or provided for review. Medical reports reviewed. Last report available until 8/20/14. This is a hand written note with some decent legibility but limited information was documented. Patient complains of pain over bilateral SI joint radiating to both legs with numbness, tingling and swelling. Worsened by bending. Complaining of swelling over shins with tenderness. Objective exam reveals lumbar spine well healed incision. SI joints tender. Positive FABER and straight leg raise. Decreased sensation to left S1 dermatome. Pitting edema in lower extremities. Plan was for continuation of medications, home exercise and follow up with internal medicine. Reviewing prior visits, exam and complaints appears unchanged. Urine drug screen on 5/19/14 was reportedly appropriate. No imaging or electrodiagnostic reports were provided for review. No medication list was provided for review. It does appear that all the requested medications may be refills. Independent Medical Review is for Anaprox 550mg #90, Doral 15mg #60, Fioricet #60, Norco 10/325mg #120, Prilosec 20mg #90, Ultram 150mg #90 and Cyclobenzaprine topical #60g. Prior UR on 9/26/14 recommended non-certification. Request for authorization is dated 9/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #90:** 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 NSAIDs(Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Anaprox or Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to medication and appropriate monitoring of side effects. Anaprox is not medically necessary.

**Doral 15mg #60:** 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 Benzodiazepines Page(s): 23.

**Decision rationale:** Doral or Quazepam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. MTUS guidelines recommend that it be used for short term only. The number of tablets prescribed is excessive and not appropriate for short term use. Doral is not medically necessary.

**Fioricet #60:** 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 Barbiturate-containing analgesic agents(BCAs) Page(s): 23.

**Decision rationale:** Fioricet contains caffeine, acetaminophen and butalbital, a barbiturate. It may be useful for acute migraine attacks. As per MTUS chronic pain guidelines, barbiturates are not recommended for chronic pain due to high risk of dependence, risk of overuse, rebound headaches and no evidence of clinical improvement. The prescription is excessive and not consistent with short term use. Patient is also on another medication with acetaminophen leading to risk for toxicity. Fioricet is not medically necessary.

**Norco 10/325mg #120:** 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 Opioids Page(s): 76-78.

**Decision rationale:** Norco is Acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria except for some documentation concerning urine drug screening. Patient is also on another medication with acetaminophen leading to risk of toxicity. Norco is not medically necessary.

**Prilosec 20mg #90:** 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 NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. There is no documented to support either. There is no recent documentation of improvement or length of use of plan. Prilosec is not medically necessary.

**Ultram 150mg #90:** 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 Opioids Page(s): 76-78.

**Decision rationale:** Tramadol/Ultram, is an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria except for some documentation concerning urine drug screening. Ultram is not medically necessary.

**Cyclobenzaprine tube 60gm:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. It is FDA approved for oral use only. As per MTUS guidelines, most topical analgesics are experimental with little evidence to support

use. Cyclobenzaprine is not recommended with no evidence to support topical use. Use of a non-FDA application or a medication with no evidence to support means that Cyclobenzaprine topical is not medically necessary