

<b>Case Number:</b>	CM14-0178870		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Internal 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 (IW) is a 51-year-old woman with a date of injury of May 10, 2010. The mechanism of injury was not documented in the medical record. Pursuant to the progress report dated September 18, the IW had complaints of headache, nausea, constipation, and insomnia. She is sleeping 4 to 5 hours every night. She also had neck pain that is constant, sharp and stabbing. Other complaints include bilateral shoulder pain, right arm pain, lumbar spine pain, left knee pain, stress, anxiety, and hypertension. Physical examination revealed paravertebral muscle spasms, positive Apley's test, Supraspinatus test, and impingement test in the bilateral shoulders. Straight leg raise test was positive bilaterally. There was medial and lateral joint line tenderness on the left. McMurray's test and Valgus test was positive on the left. The IW was diagnosed with sprain of the neck, displacement of the lumbar intervertebral disc without myelopathy, left meniscus tear, hypertension, constipation, insomnia, and headache. Treatment to date includes medications. The provider is recommending an orthopedic evaluation. Current medications were not listed in the September 18, 2014 progress note. The Note dated August 15, 2014 indicated that the IW was taking the following medications: Norco 10/325mg, Tramadol 50mg, Lisinopril, Simvastatin, Ambien, Zofran, Colace, and Fioricet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. The long-term opiate use, the medical record should reflect ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation does not contain ongoing review and documentation with pain assessments. Additionally there is no documentation as to objective functional improvement. Tramadol has been used in conjunction with Norco (another opiate analgesic). There is no rationale for the dual use of two opiates and this injured worker. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Tramadol 50 mg #60 is not medically necessary

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 79-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Criteria for Opiate Use

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. The long-term opiate use, the medical record should reflect ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the documentation does not contain ongoing review and documentation with pain assessments. Additionally there is no documentation as to objective functional improvement. Tramadol has been used in conjunction with Tramadol (another opiate analgesic). There is no rationale for the dual use of two opiates in this injured worker. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325 mg #60 is not medically necessary.

**Fioricet #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Fioricet

**Decision rationale:** Pursuant to the Official Disability Guidelines, Fioricet #60 is not medically necessary. Fioricet is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy due to the barbiturate constituents. In this case, the injured worker had diagnoses of his neck sprain, displacement of lumbar intervertebral disc without myelopathy, hypertension, insomnia and headache. Fioricet is not indicated chronic pain. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Fioricet #60 is not medically necessary

**Zofran 4mg #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Anti-Emetics

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zofran 4 mg #40 is not medically necessary. Zofran, an antiemetic, is not recommended for nausea and vomiting epidemic of chronic opiate abuse. It is approved for nausea and vomiting secondary chemotherapy and radiation treatment and also post-operative use. In this case, the injured worker is not being treated for chemotherapy and radiation treatment nor is she post-operative. Consequently, Zofran is not medically necessary based on the clinical documentation. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Zofran 4 mg #40 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs, GI Symptoms and Cardiovascular Risk

**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, NSAIDs, GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. It is indicated for use with nonsteroidal anti-inflammatory drugs when patients have concurrent risk factors for gastrointestinal events. These risk factors include greater than the age of 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids or

anticoagulants; and high dose of multiple nonsteroidal anti-inflammatory use. In this case, there are no comorbid conditions/risk factors such as peptic ulcer disease, G.I. bleeding, concurrent use of Aspirin or steroids or multiple anti-inflammatory drug use. Consequently, there is no documentation to support the use of Prilosec. Based on the clinical documentation in the medical record and the peer-reviewed evidence-based guidelines, Prilosec 20 mg #60 is not medically necessary

**Ambien 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Benzodiazepine

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ambien 10 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use because long-term use is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit used to four weeks. In this case, there is no clear documentation of insomnia. Additionally, the guidelines do not support long-term use. Consequently, Ambien is not medically necessary. Based on clinical information in the medical record in the peer-reviewed evidence-based guidelines, Ambien 10 mg #30 is not medically necessary.