

<b>Case Number:</b>	CM14-0029195		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/06/2007
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 neck pain reportedly associated with an industrial injury of August 6, 2007. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; topical compounds; opioid therapy; unspecified amounts of physical therapy; earlier cervical fusion surgery; multiple interventional spine procedures involving the lumbar spine; and anxiolytic medications. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for Prilosec, Norco, Colace, Genocin, Ativan, and topical Capsaicin cream. The applicant's attorney subsequently appealed. In a November 30, 2012 progress note, the applicant was described as off of work on total disability. The applicant was described as using Prilosec, Norco, Colace, Synovacin, Ativan, and Capsaicin cream as of this date. On December 12, 2013, the applicant was again given refills of Prilosec, Norco, Colace, Genocin, Ativan, and Capsaicin. He applicant reported chronic neck and low back pain at 7/10. Facet joint blocks were sought. The applicant was described as permanent and stationary and was seemingly not working with permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes provided do not established the presence of any active symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request for Prilosec is not medically necessary.

**Norco:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Hydrocodone/Acetaminophen Page(s): 91, 78.

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic 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's pain levels are reportedly quite high, in the 7/10 range, despite ongoing usage of Norco. The applicant is off of work. There is no concrete evidence of any improvements in pain and/or function achieved as a result of ongoing Norco usage. Therefore, the request for Norco is not medically necessary.

**Colace:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://ncbi.nlm.nih.gov/pubmed/health/PMH00001000/>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is in fact using an opioid, Norco. Providing Colace, a stool softener/laxative, to combat any issues of constipation that arise is indicated, appropriate, and endorsed by page 77 of the MTUS Chronic Medical Treatment Guidelines. Therefore, the request is medically necessary.

**Genocin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.amedication.com/?cat=drug&s=Genocin>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Genocin Drug Guide.

**Decision rationale:** The MTUS does not address the topic of Genocin. As noted by Drugs.com, Genocin (chloroquine) is an antimalarial. In this case, however, there is no evidence that the applicant carries a diagnosis of malaria for which Genocin would be indicated. No rationale for selection and/or ongoing usage of Genocin was provided. Therefore, the request is not medically necessary.

**Ativan:** 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:** As noted on page 24 of the MTUS Chronic Medical Treatment Guidelines, Benzodiazepines such as Ativan are not recommended for chronic or long-term use purposes. In this case, it is further noted that it is not clearly stated for what purpose that Ativan is being employed. It is unclear whether Ativan is employed as a muscle relaxant or as an anxiolytic here. No rationale for selection and/or ongoing usage of Ativan has been provided in the face of the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

**Capsaicin Cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20f, Capsaicin, topical Page(s): 7, 28.

**Decision rationale:** As noted on page 28 of the MTUS Chronic Medical Treatment Guidelines, topical Capsaicin is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, there is no evidence to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of Capsaicin cream. It is further noted that the applicant has been using this cream for some time, despite the tepid to unfavorable MTUS recommendation. As noted on page 7 of the MTUS Chronic Medical Treatment Guidelines, an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear demonstration of efficacy so far as Capsaicin cream is concerned. The applicant is off of work. The applicant remains highly reliant and highly dependent on various

other forms of medical treatment, including interventional spine procedures and opioids such as Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Capsaicin cream. Therefore, the request is not medically necessary.