

<b>Case Number:</b>	CM14-0204703		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	03/01/1993
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 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 63-year-old man with a date of injury of March 1, 1993. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are right shoulder status post open rotator cuff repair, 2013; left wrist status post carpal tunnel release, 2003; right wrist status post carpal tunnel release, 2006; right knee status post arthroscopy and lateral patellar retinacular release, 2004; and lumbar spine sprain/strain with symptoms of lower extremity radiculitis. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 18, 2014, the provider reports that there is no significant change in symptoms. The IW is still on pain medications daily. No new additional injuries. The IW is not working. The IW has chronic difficulty sleeping, especially getting to sleep. Ambien is helpful to assist with falling asleep. Examination of the right shoulder reveals healed incision with marked atrophy of deltoid musculature. He has continued weakness with abduction and external rotation. No erythema or soft tissue swelling noted. Strength is 5/5 in the right upper extremity. Sensation is intact from C5 to T1 dermatomes. Radial pulses are palpable. Current medications include Ambien 10mg, Gabapentin 800mg, Omeprazole 20mg, Norco 10/325mg, Soma 350mg, and Cialis 20mg. According to an AME dated January 31, 2007, the IW was taking Norco, Soma, Motrin, and sleeping pills. He also noted the IW was taking Viagra for erectile dysfunction. According to the PR-2 dated November 18, 2014, the treating physician reports the IW has been on the aforementioned medications for years, and it is unlikely that he will be able to wean completely off of them. There are no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Soma, Gabapentin, Ambien (Zolpidem), Norco, Omeprazole, and Cialis. Documentation in a February 4, 2014 note indicated the IW is taking Gabapentin 300mg, and Cilais 20mg on a non-industrial basis. The

current request is for Soma 350mg #120, Gabapentin 800mg #90 with 1 refill, Zolpidem 10mg #30, Norco 10/325mg #120, Cialis 20mg #15, and Omeprazole 20mg #60.

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

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

**Soma 350mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prospective request for one prescription soma 350 mg #120 is not medically necessary. Muscle relaxants are second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations and chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on these medications (specifically Soma) for years. The documentation does not contain evidence of objective functional improvement. The documentation further states it is unlikely injured worker will be able to completely wean off of all the medications. Soma is indicated for short-term, less than two weeks, treatment of acute low back pain for short-term evidence of acute exacerbation of chronic low back pain. The treating physician has clearly exceeded the recommended guidelines of short-term use. Consequently, absent the appropriate clinical documentation for continued use, Soma 350 mg #120 is not medically necessary.

**Gabapentin 800mg, #90 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 800 mg #90 with one refill is not medically necessary. Gabapentin, an antiepileptic drug (AED), is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin has been associated with a modest increase in the number of

patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on these medications, Gabapentin, for years. The documentation does not contain evidence of objective functional improvement. Consequently, absent the appropriate clinical indication containing objective functional improvement with supporting clinical evidence for gabapentin 800 mg #90 with one refill, the request is not medically necessary.

**Zolpidem 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 (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Zolpidem

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zolpidem 10 mg #30 is not medically necessary. Zolpidem is a short acting non-benzodiazepine hypnotic recommended for short-term (7 to 10 days) treatment of insomnia. For additional details see the official disability guidelines. In this case, the injured worker's working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on these medications, Zolpidem, for years. Medical records indicate the injured worker has been taking "sleeping pills" since 2007. The documentation does not indicate what specific sleeping medication was being taken back in 2007. However, the injured worker has been using Zolpidem for years. Zolpidem is a short-acting hypnotic recommended for short-term, 7 to 10 days, treatment of insomnia. The treating physician has clearly exceeded the recommended guidelines for Zolpidem use. Consequently, absent clinical information to support the ongoing use, Zolpidem 10 mg #30 is not medically necessary.

**Norco 10/325mg, #120: Upheld**

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on these medications, Norco, for years. The documentation indicates worker was taking Vicodin back in 2007. Norco has been used for years. The documentation does not contain objective functional improvement associated with Norco use. Consequently, absent the clinical evidence of objective functional improvement and/or clinical rationale for continued Norco use, Norco 10/325 mg #120 is not medically necessary.

**Cialis 20mg, #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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>

**Decision rationale:** Pursuant to Medline plus, one prospective request for Cialis 20 mg #15 is not medically necessary. Cialis is used to treat erectile dysfunction. For additional details see attached link. In this case, the injured workers working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on these medications, Cialis, for years. The documentation does not contain evidence of objective functional improvement related to erectile dysfunction. Consequently, absent clinical documentation along with evidence of objective functional improvement, for Cialis 20 mg #15 is not medically necessary.

**Omeprazole 20mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking non-steroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, age greater than 65; history of peptic ulcer, gastrointestinal (G.I.) bleeding; concurrent use of aspirin or steroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are right shoulder status post open rotator cuff repair 2013; left wrist status post carpal tunnel release 2003; right wrist status post carpal tunnel release 2006; right knee status post arthroscopy and lateral patella retinaculum release 2004; lumbar spine sprain/strain with symptoms of lower extremity radiculitis. The progress note dated November 18, 2014 indicates the injured worker has been on omeprazole for years. The injured worker does not have co-morbid conditions or a past medical history compatible with the risk factors enumerated above. Specifically, there is no history of G.I. bleeding, peptic ulcer disease, concurrent aspirin use, etc. Consequently, absent the appropriate risk factors putting the injured worker at risk for GI related event, Omeprazole 20 mg #60 is not medically necessary.