

<b>Case Number:</b>	CM15-0010316		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	03/01/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Internal Medicine

### 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 is a 54 year old male, who sustained an industrial injury on 03/01/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include bilateral lumbar radiculopathy with neurogenic claudication and lower extremity weakness and sensory, bilateral sacroiliac joint dysfunction, lumbar three to sacral one lumbar stenosis, lumbar three to four facet arthropathy, status post lumbar four through sacral one fusion in 2004, lumbar three to four disc degeneration above a lumbar four through sacral one fusion, status post hardware removal of the lumbar spine, and cervical radiculopathy with weakness. Treatment to date has included lumbar epidurogram, transforaminal epidural steroid injection to the right and left lumbar three to four, computed tomography of the lumbar spine, magnetic resonance imaging of the lumbar spine, medication regimen, home exercise program, and radiofrequency ablation of the lumbar medial branches at right and left lumbar three to four, lumbar four to five, and lumbar five to sacral one. In a progress note dated 12/02/2014 the treating provider reports ongoing lower back pain that radiates to the buttocks to the bilateral lower extremities with a pain rating of seven to eight out of ten and ongoing, constant neck pain that radiates to the bilateral upper extremities with a pain rating of a seven to eight out of ten. Associated symptoms of numbness were also noted to the neck and back. The documentation provided did not contain the current requested medications listed below, however the documentation from 08/19/2014 indicated use of these medications along with a request to continue the below listed medications, but does not indicate the reason for these requested medications. On 12/31/2014 Utilization Review non-certified the requested

treatments of Aciphex 20mg with a quantity of 30 with 0 refills, Lunesta 3mg with a quantity of 30 with 0 refills, Atenolol 50mg with a quantity of 30 with 0 refills, Cymbalta 30mg with a quantity of 60 with 0 refills, and Lorzone 750mg with a quantity of 60 with 0 refills, noting the Goodman and Gilman's, The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2010; Physician's Desk Reference, 68th Edition; Official Disability Guidelines Workers Compensation Drug Formulary, drugs.com; Epocrates Online; Monthly Prescribing Reference; Opioid Dose Calculator-AMDD Agency Medical Directors' Group dose Calculator, American College of Occupational and Environmental Medicine, Cervical and Thoracic spine, Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

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

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

**Aciphex 20mg #30 with 0 refills:** 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 & cardiovascular risk Page 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records do not document gastrointestinal risk factors. The utilization review determination date was 12/31/14. The orthopedic progress report dated 12/2/14 does not document NSAID prescription. No gastrointestinal complaints or conditions are documented. No gastrointestinal risk factors were documented. Medical records do not provide support for the use of Aciphex (Rabeprazole). The request for Aciphex is not supported by MTUS guidelines. Therefore, the request for Aciphex (Rabeprazole) is not medically necessary.

**Lunesta 3mg #30 with 0 refills:** 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 Official Disability Guidelines (ODG) Mental Illness & Stress - Eszopicolone (Lunesta).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Sleeping pills, so-called minor tranquilizers, and

anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records document the long-term use of Lunesta, which is not supported by ODG guidelines. ODG guidelines do not support the long-term use of Lunesta. Therefore, the request for Lunesta is not medically necessary.

**Atenolol 50mg #30 with 0 refills:** 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 FDA Prescribing Information <http://www.drugs.com/pro/atenolol-tablets.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does not address Atenolol. FDA Prescribing Information indicates that Atenolol is indicated for the treatment of hypertension. The utilization review determination date was 12/31/14. The orthopedic progress report dated 12/2/14 does not document a diagnosis of hypertension or blood pressure measurements. The request for Atenolol is not supported by FDA guidelines. Therefore, the request for Atenolol is not medically necessary.

**Cymbalta 30mg #60 with 0 refills:** Overturned

**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 Antidepressants for chronic pain Page 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Cymbalta [http://www.accessdata.fda.gov/drugsatfda\\_docs/label/2010/022516lbl.pdf](http://www.accessdata.fda.gov/drugsatfda_docs/label/2010/022516lbl.pdf).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Duloxetine is used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. FDA Prescribing Information documents that Cymbalta is indicated for major depressive disorder, generalized anxiety disorder, diabetic peripheral neuropathic pain, fibromyalgia, and chronic musculoskeletal pain. Medical records document chronic pain and chronic musculoskeletal pain. Per MTUS, antidepressants for chronic pain are

recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. FDA Prescribing Information documents that Cymbalta is indicated for chronic musculoskeletal pain. The orthopedic progress report dated 12/2/14 documented a history of lumbar fusion spine surgery, lumbar radiculopathy, and cervical radiculopathy. Medical records document chronic pain and chronic musculoskeletal pain, which are indications for the use of Cymbalta according to MTUS and FDA guidelines. MTUS and FDA guidelines support the prescription Cymbalta. Therefore, the request for Cymbalta is medically necessary.

**Lorzone 750mg #60 with 0 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Pages 63-65. Chlorzoxazone Page 65. Decision based on Non-MTUS Citation FDA Prescribing Information Lorzone <http://www.drugs.com/pro/lorzone-tablets.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) address muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Muscle relaxant drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone. FDA guidelines state that Lorzone (Chlorzoxazone) is indicated for acute musculoskeletal conditions. The mode of action of this drug has not been clearly identified. Chlorzoxazone does not directly relax tense skeletal muscles in man. Medical records indicate the long-term use of Lorzone, which is not recommended by MTUS, ACOEM, and FDA guidelines. The patient's occupational injuries are chronic, not acute. FDA guidelines state that Lorzone is indicated for acute, not chronic, conditions. MTUS, ACOEM, and FDA guidelines do not support the use of Lorzone. Therefore, the request for Lorzone is not medically necessary.