

<b>Case Number:</b>	CM15-0017253		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	04/07/1988
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: Pennsylvania

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 57 year-old male who has reported internal medicine conditions and mental illness after an injury on April 7, 1988. The diagnoses have included hypertension and chronic Hepatitis C. Treatment during 2014 is for hepatitis C, folliculitis, xerosis, hypertension, depression, anxiety, and stress-related medical complaints. Some of the records refer to various past orthopedic problems but there are no reports which directly address any current treatment for pain or orthopedic conditions. Recent treatment appears to include medications and possibly psychotherapy. The medications now under review appear to have been prescribed from an office labeled as a psychological practice. No reports from that office address the specific medical necessity for these medications, other than very generic references to conditions for which some of these medications might be indicated. Medications listed in the 2014 reports are Lisinopril, Lidoderm, Vicodin, Xanax, Ambien, Motrin, atenolol, Seroquel, Benadryl, Norco, and Soma. Reports during 2014 include those from a pulmonary medical group. The pulmonary group refers to treatment for hepatitis and hypertension. No elevated blood pressures were noted. The physician at this office prescribes a low dose of Lisinopril. On 9/3/14 the injured worker was "drowsy" at an office visit. Per an office visit 9/30/14 for psychological treatment, a variety of symptoms were attributed to depression, anxiety, and panic attacks. The injured worker reportedly had improved concentration and energy, leading to continuation of treatment. Per a 12/23/14 office visit, there was general improvement and medications were continued (trazodone, Motrin, atenolol, Lidoderm, Seroquel, Benadryl, Tylenol #4, Xanax, Ambien, Soma). "In home health care" was prescribed. There was no discussion of any specific medication and its

indications or results of use. An appeal letter from the psychological office dated 1/19/15 addressed Utilization Review denials of medications. This letter did not address the specific medical necessity for any of the medications. On January 15, 2015 Utilization Review non-certified Tylenol #4, Soma 350 mg #60, Ambien CR 12.5 mg #30, Xanax 0.5 mg #60, Benadryl 50 mg #30, Seroquel 300 mg #30, Lidoderm patches #30, and Atenolol 50 mg #30. Trazodone 100 mg #60, Motrin 600 mg #60, and six medication management sessions were partially certified. The MTUS and the Official Disability Guidelines were cited.

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

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

#### **1 prescription of Tylenol #4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Codeine (Tylenol with Codeine; generic available).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management Opioids, steps to avoid misuse/addiction indications, Chronic back pain Mec.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. There are no reports of any specific, painful conditions for which this medication was prescribed. There is no documentation of the results of use. There is no drug testing program. Functional improvement was not documented. It is not at all clear why this medication has been prescribed. As currently prescribed, Tylenol #4 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

#### **Soma 350mg, #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol) and Muscle Relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Carisoprodol (Soma) Page(s): 63; 29.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. The use of Soma is not discussed in the available records. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Ambien CR 12.5mg #30 with 3 refills: Upheld**

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

**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, Insomnia treatment.

**Decision rationale:** The MTUS does not address the use of hypnotics other than benzodiazepines. The Official Disability Guidelines were used instead. The Official Disability Guidelines recommend the short term use of hypnotics like zolpidem (less than two months), discuss the significant side effects, and note the need for a careful evaluation of the sleep difficulties. No physician reports describe the specific criteria for a sleep disorder or the use of Ambien. The treating physician has not addressed major issues affecting sleep in this patient, including the use of other psychoactive agents like opioids, which significantly impair sleep architecture. Zolpidem, a benzodiazepine agonist, is habituating and recommended for short term use only. This patient has also been given a benzodiazepine, which is additive with the hypnotic, and which increases the risk of side effects and dependency. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. Note the ODG citation which recommends short term use of zolpidem, a careful analysis of the sleep disorder, and caution against using zolpidem in the elderly. Prescribing in this case meets none of the guideline recommendations. Zolpidem is not medically necessary based on lack of a sufficient analysis of the patient's condition, the ODG citation, and overuse of habituating and psychoactive medications without clear benefit or indication.

**Trazodone 100mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic pain and Low Back Pain: Chronic. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Trazodone (Desyrel)

**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 insomnia, Mental illness chapter, antidepressants.

**Decision rationale:** There are no reports which adequately address the indications and results of use for this medication. It may be prescribed in this case for depression and/or insomnia but none of the reports address this. For insomnia, trazodone should be used for the short-term only, per the cited guidelines. The treating physician has not discussed any sleep disorder in the context of using trazodone. For depression, trazodone is not the first line drug, per the cited guideline. Regardless, any antidepressant should be continued only if there is significant benefit. The available reports poorly address the indications for continuing any treatment for depression, and

do not specifically address the use of trazodone. Based on the current records, there is insufficient evidence showing medical necessity for this drug.

**Xanax 0.5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The treating physician has not provided a sufficient account of the indications and functional benefit for this medication. None of the reports address the specific indications and results of use for this medication. The MTUS does not recommend benzodiazepines for long term use for any condition. This benzodiazepine is not prescribed according the MTUS and is not medically necessary.

**Benadryl 50mg #30 with 3 refills:** Upheld

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

**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: UpToDate, Diphenhydramine: Drug information In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The request to Independent Medical Review is for a treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. Antihistamines have many possible indications, and none were defined by the treating physician. There are no reports of the results of using this medication. The request is therefore not medically necessary based on the lack of sufficient indications and results of use provided by the treating physician.

**Seroquel 300mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**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 and stress chapter, Seroquel, atypical antipsychotics.

**Decision rationale:** The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. There are no reports which address the specific indications for this medication and the results of use. The Appeal letter did not provide any useful information regarding medical necessity. The request is therefore not medically necessary based on the lack of sufficient indications and results of use provided by the treating physician.

**Lidoderm patches, #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The request to Independent Medical Review is for a test or treatment which was not adequately defined. The treating physician did not supply sufficient information regarding the nature of the request and its indications. The MTUS recommends Lidoderm only for localized peripheral neuropathic pain after trials of "tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica". The MTUS recommends against Lidoderm for low back pain or osteoarthritis. There is no evidence in the medical records that this injured worker has peripheral neuropathic pain (which is not radiculopathy), or that he has failed the recommended oral medications. The prescribing physician did not adequately address the indications and results of use. Lidoderm is not medically necessary based on the MTUS.

**Atenolol 50mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67 p.

**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: UpToDate, Choice of therapy in primary (essential) hypertension: Clinical trials. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The physician prescribing atenolol did not provide any history of blood pressure measurements or treatment for hypertension. There is no discussion of the indications for this medication or the results of use. The medical records show that hypertension is currently treated by another physician, using Lisinopril. That physician has documented normal blood pressures. Absent information from the prescribing physician showing the need for a second hypertensive medication, and a more complete clinical history, atenolol is not medically necessary. The guideline cited above has a number of recommendations for treatment of hypertension, and these recommendations should be addressed by the prescribing physician.

**Motrin 600mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen, NSAIDs (Non-steroidal anti inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain NSAIDs for Back Pain - Acute exacerbations of chronic pain Back.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. None of the reports address the specific indications and results of use for this NSAID. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.

**6 Medication management sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

**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 and stress chapter, office visits.

**Decision rationale:** The treating physician has provided very minimal information regarding medication management. As noted above, the records provide minimal to no documentation in support of any of the medications. It is not at all clear that the prescribing physician is providing sufficient clinical evaluations and sufficiently monitoring the many medications which have been prescribed. Further treatment with such poorly defined medical care is not medically necessary. The cited guideline recommends office visits as medically necessary. Assuming adequate evaluations at those office visits, with adequate documentation of the necessity and results of the medications, further office visits may be needed. However, the evidence in this case is lacking that the past office visits have been medically necessary. The request for 6 medication management sessions is not medically necessary.