

<b>Case Number:</b>	CM15-0119019		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	02/11/2005
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: New York  
 Certification(s)/Specialty: Emergency 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 65 year old male, who sustained an industrial injury on 02/11/2005. He has reported subsequent neck, left shoulder, low back and right knee pain and was diagnosed with cervical sprain/strain with C5-C6, C6-C7 herniated nucleus pulposus and upper extremity radiculitis, lumbosacral spine multiple disks with radiculitis/radiculopathy, right shoulder positive impingement, right wrist carpal tunnel syndrome and right knee internal derangement. Treatment to date has included medication. The only medical documentation submitted consists of PR-2 notes dated 10/03/2014 and 01/09/2015 and a drug screen dated 01/09/2015. In a progress note dated 01/09/2015, the injured worker complained of neck pain radiating to the left shoulder as well as continuous low back and right knee pain. Objective findings were notable for tenderness to palpation of the cervical and lumbar spine with muscle spasm, decreased range of motion of the cervical spine, positive cervical compression and shoulder depression tests, decreased range of motion of the lumbar spine, positive Kemp's test, positive McMurray's test of the right knee, medial joint line tenderness and positive patellar compression test. The injured worker is permanent and stationary. A request for authorization of Norco 10/325 mg #360, Ambien 10 mg #90, Naproxen 550 mg #360, Flector patches #180, Nexium 40 mg #90, Zanaflex 4 mg #180, Zoloft 50 mg #90 and Xanax ER 0.5 mg #180 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, ongoing management Page(s): 78-79.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." The medical documentation submitted is minimal and there is no documentation of the severity and nature of the injured worker's pain, the effectiveness of Norco, any discussion of side effects or evidence of consistent monitoring for potential drug misuse or dependence. There is no indication as to how long Norco had been prescribed and there is no documentation of objective functional improvement or significant pain reduction with use of this medication. The request does not include dosing or frequency. Therefore, the request for authorization of Norco 10/325 mg #360 is not medically necessary.

**Ambien 10 mg #90:** 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 (chronic), Zolpidem.

**Decision rationale:** CA MTUS guidelines are silent regarding the use of Ambien so alternative guidelines were referenced. As per ODG, "Zolpidem (Ambien) is a prescription short-acting non-benzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them 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." The documentation does not provide any indication as to the reason for prescription of Ambien. In addition, there is no indication as to how long this medication had been prescribed or the efficacy of its use. There is no documentation of sleep studies or modifications made to assist sleep. The request does not include dosing or frequency. The guidelines do not support long-term use of this medication. Therefore, the request for authorization of Ambien 10 mg #90 is not medically necessary.

**Naproxen 550 mg #360:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, NSAIDs are recommended "at the lowest dose for the shortest period in patients with moderate to severe pain." Naproxen is used for relief of signs and symptoms of osteoarthritis. The medical documentation submitted is minimal and there is no documentation of the severity and nature of the injured worker's pain, the effectiveness of the medication or any discussion of side effects. There is no documentation of osteoarthritis. There is no indication as to how long Naproxen had been prescribed. There is also no documentation of objective functional improvement or significant pain reduction with use of this medication. The request does not include dosing or frequency. Therefore, the request for authorization of Naproxen 550 mg #360 is not medically necessary.

**Flector patches #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical Diclofenac (Flector) is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." The documentation submitted is minimal and there is no indication as to how long this medication was prescribed to the injured worker. In addition, there is no evidence of a failure of first line agents and no documentation of objective functional improvement or significant pain reduction with use of Flector patches. Therefore, the request for authorization of Flector patches #180 is not medically necessary.

**Nexium 40 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Proton-pump inhibitors, Nexium.

**Decision rationale:** As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." As per ODG guidelines for proton pump inhibitors, these medications are recommended in patients at risk for gastrointestinal events and Nexium is recommended since PPIs are all approximately equivalent clinically and OTC Nexium is more accessible and economical than prescription PPIs. The medical documentation submitted is minimal and there is no discussion of the injured worker's risk for gastrointestinal events. There is no evidence that the injured worker was taking multiple NSAID medications, the injured worker was not greater than 65 years of age and there was no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. The request does not include dosing or frequency. Therefore, the request for authorization of Nexium 40 mg #90 is not medically necessary.

**Zanaflex 4 mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63-64.

**Decision rationale:** As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." The documentation does not indicate how long Zanaflex had been prescribed to the injured worker and there was no discussion as to the effectiveness of the medication. There is no evidence that this medication significantly improved function or reduced pain. The request does not include dosing or frequency. Therefore, the request for authorization of Zanaflex 4 mg #180 is not medically necessary.

**Zoloft 50 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), SSRI's.

**Decision rationale:** As per CA MTUS chronic pain guidelines, antidepressants are "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment." As per ODG guidelines, selective serotonin reuptake inhibitors (SSRI's) are "not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications." The submitted documentation does not provide an indication as to why Zoloft is being requested. There is no explanation as to whether this medication is being used to treat depression, chronic pain or both. There are no psychological assessment findings and there is no documentation of sleep quality and duration. The request does not include dosing or frequency. Therefore, there is insufficient documentation to support the medical necessity of the medication and the request for authorization of Zoloft 50 mg #90 is not medically necessary.

**Xanax ER 0.5 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (Chronic), benzodiazepines.

**Decision rationale:** As per CA MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids." There is no indication as to how long this medication had been prescribed and although the 01/09/2015 indicates it is prescribed for anxiety there is no supporting diagnosis listed or documentation that further elaborates on this statement. The most recent physician progress notes do not discuss the effectiveness of Xanax and there is no significant functional improvement documented with the use of the medication. The injured worker was also prescribed multiple other medications including opioid medication, which increases the risk of overdose. Therefore, the request for authorization of Xanax ER 0.5 mg #180 is not medically necessary.