

<b>Case Number:</b>	CM15-0119170		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/05/1996
<b>Decision Date:</b>	09/22/2015	<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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 (IW) is a 47 year old male who sustained an industrial injury on 11/05/1996. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having chronic pain syndrome and major depressive disorder. Treatment to date has included medications and psychotherapy. According to the notes of 06/01/2015, the worker is stable in mood with some continued auditory hallucinations of mumbling sounds. He is taking his medications as directed, and having some difficulty initiating activities. His thought patterns are logical, linear and goal directed. He has a positive response to his medications. According to notes of 03/04/2015, the worker declines rapidly without Abilify. A request for authorization was made for the following: 1. Hydrocodone/Acetaminophen 5/325mg by mouth twice daily for chronic pain (no quantity or refills specified). 2. Lisinopril 5mg by mouth daily for high blood pressure pain (no quantity or refills specified). 3. Simvastatin 80mg by mouth every bedtime for hypercholesterolemia pain (no quantity or refills specified). 4. Januvia 100mg by mouth every morning for diabetes (no quantity or refills specified). 5. Motrin 1000mg every day for pain (no quantity or refills specified). 6. Glyburide 10mg by mouth twice daily for diabetes (no quantity or refills specified). 7. Effexor ER (extended release) 150mg by mouth twice daily for mood disorders, #60 with 2 refills. 8. Abilify 30mg 1/2 by mouth twice daily for mood disorders, #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 5/325mg by mouth twice daily for chronic pain (no quantity or refills specified): 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back-Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks". The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. There is no quantity or refills specified. Therefore, the request is not medically necessary.

**Lisinopril 5mg by mouth daily for high blood pressure pain (no quantity or refills specified): 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) Diabetes (Type 1, 2, and Gestational), Hypertension treatment.

**Decision rationale:** MTUS is silent specifically with regards to lisinopril. Therefore, other guidelines were utilized. ODG states regarding the treatment of hypertension: After Lifestyle (diet & exercise) modifications: (1) First line, 1st choice, Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace), Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan); (2) First line, 2nd addition, Calcium channel blockers: Amlodipine (Norvasc); Nicardipine (Cardene); Nifedipine (Procardia); (3) First line, 3rd addition, Thiazide diuretic, Hydrochlorothiazide (HCTZ); (4) First line, 4th addition, Beta blockers (b-Adrenergic blocker): Atenolol (Tenormin); Metoprolol (Lopressor); Nadolol (Corgard); Propranolol (Inderal); (5) Second line: Aldosterone

receptor blockers: Spironolactone (Aldactone), Direct renin inhibitor: Aliskiren (Tekturna), Selective  $\alpha_1$ -adrenergic blockers: Doxazosin (Cardura); Prazosin (Minipress); Terazosin (Hytrin), Central  $\alpha_2$  agonists: Clonidine (Catapres), Direct vasodilators: Hydralazine (Apresoline); Minoxidil (Loniten). There is no quantity or refills specified. Therefore, the request is not medically necessary.

**Simvastatin 80mg by mouth every bedtime for hypercholesterolemia pain (no quantity or refills specified):** 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) Diabetes; Statins and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: [www.uptodate.com](http://www.uptodate.com), simvastatin.

**Decision rationale:** MTUS is silent specifically with regards to simvastatin. ODG states, "Not recommended as a first-line treatment for diabetics. Patients with DM should be screened for dyslipidemia, and therapeutic recommendations should include lifestyle changes and, as needed, consultation with a registered dietitian. Statins may be a treatment in the absence of contraindications, but recent studies have associated increased risk of DM with use of all types of statins". Uptodate states for Primary prevention: LDL-C  $\geq 190$  mg/dL: High intensity therapy necessary; use alternate statin therapy (e.g., atorvastatin or rosuvastatin), Type 1 or 2 diabetes and age 40-75 years: Moderate intensity therapy: 20-40 mg once daily, Type 1 or 2 diabetes, age 40-75 years, and an estimated 10-year ASCVD risk  $\geq 7.5\%$ : High intensity therapy necessary; use alternate statin therapy (e.g., atorvastatin or rosuvastatin), Age 40-75 years and an estimated 10-year ASCVD risk  $\geq 7.5\%$ : Moderate to high intensity therapy: 20-40 mg once daily or consider using high intensity statin therapy (e.g., atorvastatin or rosuvastatin). There is no quantity or refills specified. Therefore, the request is not medically necessary.

**Januvia 100mg by mouth every morning for diabetes (no quantity or refills specified):** 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) Diabetes; Januvia.

**Decision rationale:** MTUS is silent on this, but ODG states: "Not recommended as a first-line choice." There is no quantity or refills specified. Therefore, the request is not medically necessary.

**Motrin 1000mg every day for pain (no quantity or refills specified):** 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 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain, Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on Motrin, but the MTUS guidelines recommend against long-term use. Dyesthesia pain is present, but as MTUS outlines, the evidence for NSAID use in neuropathic pain is inconsistent. There is no quantity or refills specified. Therefore, the request is not medically necessary.

**Glyburide 10mg by mouth twice daily for diabetes (no quantity or refills specified):** 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) Diabetes; Glyburide.

**Decision rationale:** MTUS is silent on this, but ODG states: "Not recommended as a first-line choice." There is no quantity or refills specified. Therefore, the request is not medically necessary.