

<b>Case Number:</b>	CM15-0126439		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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 Jersey

Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on December 12, 2011. He reported left shoulder, low back and neck pain. Treatment to date has included MRI, physical therapy, surgery, medication, ice and heat therapy, x-rays, CT scan, surgery, TENS unit and knee brace. Currently, the injured worker complains of headaches (left side greater than the right) that can be pulsating with a pressure like feeling. His neck pain (right greater than left), at times, radiates to the right shoulder and shoulder blade area. He also experiences mid back and upper trapezius muscle pain that is usually associated with neck pain. He states it is increased by prolonged neck positioning or strenuous activities. He reports right shoulder pain described as popping and aching. His low back pain continues (right side greater than the left) and radiates to the buttock and thigh. He reports he is unable to lie flat due to the pain. He experiences knee pain exacerbated by kneeling, squatting or prolonged walking and ankle pain. His continued pain is rated 6-7 on 10 with medication and 10 on 10 without medication. He reports the medication helps him to remain functional and engage in activities of daily living. He also reports difficulty with memory, sleep and acid reflux. He is currently diagnosed with post- traumatic head syndrome with headaches, post right shoulder rotator cuff repair, lumbar strain with intermittent radicular symptoms, thoracic strain, cervical strain, left knee strain, (left shoulder pain, right knee pain and right ankle pain due to guarding the affected area) depression and anxiety, erectile dysfunction and sexual dysfunction. His work status is temporary total disability. A note dated April 24, 2015 states right shoulder surgery was not helpful, per the injured worker. A note dated May 13, 2015 states the injured worker is experiencing pain relief with the TENS unit. In a note

dated February 17, 2015, it states the injured worker experienced efficacy from the knee brace. The following medications, Pamelor 25 mg twice a day (to help with pain, sleep and anxiety), Promolaxin 100 mg #90 (for constipation due to opioids) and Prilosec 20 mg #60 (for acid reflux due to medication) is requested.

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

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

#### **Pamelor 25mg twice a day: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pp. 13-16.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. For patients >40 years old, a screening ECG is recommended prior to initiation of therapy, as tricyclics are contraindicated in patients with cardiac conduction disturbances/decompensation. A trial of 1 week of any type of anti-depressant should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. In the case of this worker, there was record of this worker having intermittent depression, anger, and anxiety, also with record of using Pamelor 25 mg twice daily. However, there was no report found in recent progress notes stating the Pamelor was effective or to what degree to help justify this request for continuation. Also, the worker reported in recent notes still feeling depression suggesting some degree of ineffectiveness. Therefore, without more evidence of benefit, the Pamelor will be considered medically unnecessary at this time.

#### **Promolaxin 100mg 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, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids p. 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioid-induced constipation treatment.

**Decision rationale:** The MTUS Chronic Pain Guidelines discuss very little about medication use for constipation besides the recommendation to consider treating constipation when initiating opioids. The ODG states that first line therapy for constipation related to opioid use should begin with physical activity, staying hydrated by drinking enough water, and eating a proper diet rich in fiber. Other food-based supplements such as eating prunes (or drinking prune juice) or fiber supplements may be attempted secondarily. If these strategies have been exhausted and the patient still has constipation, then using laxatives as needed may be considered. Promolaxin (docusate) is a surfactant laxative and stool softener used for constipation. It is indicated for short-term use, and is not recommended for chronic use due to the risks of dependence and electrolyte disturbances. In the case of this worker, there was record of taking opioids such as Norco chronically leading up to this request for renewal of promolaxin. However, reports did not specify any history of or current constipation as there was no reported side effects from the opioids being taken. Also, if there had been constipation related to the opioids, there was no report suggesting how effective the promolaxin was at helping the constipation to help justify its continuation. Nor was there a sufficient review of previous and current efforts at implementing first line therapies for constipation. Therefore, the promolaxin will be considered medically unnecessary at this time.

**Prilosec 20mg 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pp. 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no found evidence of any history suggestive of an elevated risk for gastrointestinal event which would warrant ongoing and chronic use of a PPI such as Prilosec. Without a clear and warranted indication or report of its effectiveness found in the notes available for review, the Prilosec will be considered medically unnecessary at this time.