

<b>Case Number:</b>	CM15-0142393		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	04/25/2000
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, New York, California

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 applicant is a represented 56-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of headaches and fibromyalgia reportedly associated with an industrial injury of April 25, 2000. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for Protonix, Senokot, Prochlorperazine, Tylenol No. 3, Voltaren gel, Lidoderm patches, and Butrans. The claims administrator referenced an RFA form received on July 6, 2015 and an associated progress note of June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On progress notes of February 20, 2015 and April 10, 2015, the applicant was placed off of work, on total temporary disability. On April 10, 2015, the applicant presented with whole body pain complaints associated with fibromyalgia. Prilosec, glucosamine, Tramadol, Prozac, Neurontin, and topical cyclobenzaprine were endorsed by the applicant's rheumatologist. Total body pain, fatigue, and malaise were reported while the applicant was kept off of work. On June 16, 2015, the applicant reported ongoing complaints of neck pain radiating into the bilateral upper extremities and low back pain radiating into the bilateral lower extremities. Activities as basic as bending and walking remained problematic, it was reported. 8/10 pain with medications versus 10/10 pain without medications was reported. Activities as basic as self-care, personal hygiene, walking, sleeping, and hand function were still significantly limited secondary to pain, it was reported. Generalized body pain complaints, including jaw pain, were reported. The applicant had gained 10 pounds, it was reported. The applicant was not working, it was acknowledged on this date. A one-year gym membership, weight loss program, Protonix, Senokot, Prochlorperazine, and Tylenol with Codeine, Voltaren gel, Lidoderm patches and Butrans were endorsed. It was suggested that the applicant had

developed issues with opioid-induced nausea for which Prochlorperazine (Compazine) was endorsed. The applicant was seemingly kept off of work on this date. The applicant's review of systems was described as unchanged. The applicant was described as having issues with medication-associated gastrointestinal obstruction it was stated toward the top of the note. Constipation with medications was also reported.

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

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

#### **30 Pantoprazole DR 20mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Yes, the request for Pantoprazole (Protonix), a proton pump inhibitor was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Pantoprazole (Protonix) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here. The attending provider's June 16, 2015 progress note suggested that the applicant was having issues with medication-induced dyspepsia and also suggested that said issues had, to some extent, been attenuated with Protonix (Pantoprazole) usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

#### **60 Senoket-S 8.6-50mg: Overturned**

**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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for Senokot, a laxative agent, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants using opioids. Here, the applicant was in fact, using a variety of opioid agents as of the June 16, 2015 progress note at issue, including Butrans patches and oral Tylenol No. 3. The applicant had experienced actual symptoms of constipation associated with the same, the treating provider reported on June 16, 2015. Provision of Senokot, was, thus, indicated to ameliorate the same. Therefore, the request is medically necessary.

#### **60 Prochlorperazine 10mg: 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea) and Other Medical Treatment Guidelines U.S. Food and Drug Administration Prescribing Information 3 Compazine.

**Decision rationale:** Conversely, the request for Prochlorperazine (Compazine), an antiemetic agent, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. While the Food and Drug Administration (FDA) does acknowledge that Prochlorperazine (Compazine) can be employed in the treatment of severe nausea and/or vomiting, schizophrenia, and/or non-psychotic anxiety, the FDA cautions against usage of Compazine for greater than 12 weeks, noting that usage of the same can cause persistent tardive dyskinesia which may prove irreversible. ODG's chronic pain chapter antiemetics topic further also stipulates that antiemetics such as Compazine (Prochlorperazine) are not recommended in the treatment of nausea and vomiting associated with chronic opioid usage. Here, the attending provider did suggest on June 6, 2015 that Prochlorperazine (Compazine) was in fact being employed to attenuate issues with opioid-induced nausea. Continued usage of Compazine, thus, in effect, represented treatment which ran counter to both the FDA label and to the ODG position on the same. Therefore, the request is not medically necessary.

**90 Tylenol #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for Tylenol No. 3, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working it was acknowledged on progress notes of June 16, 2015, April 10, 2015, and February 27, 2015. While the attending provider did recount some low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications on June 16, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's reports on June 16, 2015 to the effect that the applicant was still having difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, gripping, grasping, and sleeping, despite ongoing Tylenol No. 3 usage. Therefore, the request is not medically necessary.

**3 Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for Voltaren gel, a topical NSAID, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren gel has 'not been evaluated' for treatment of the spine, i.e., the primary pain generator here. The applicant presented on June 6, 2015 reporting issues with neck and low back pain, it was reported. Rheumatologist reported on April 10, 2015 and February 20, 2015 that the applicant had widespread bodily pain complaints associated with fibromyalgia. The attending provider, thus, failed to furnish a clear or compelling rationale for provision of topical Voltaren for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider did not state why topical agents were being employed to treat widespread, diffuse bodily pain complaints and/or regions not easily amenable to topical application. Therefore, the request is not medically necessary.

#### **60 Lidocaine 5%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** Similarly, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. Here, however, the attending provider's June 16, 2015 progress note made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior introduction, selection, and/or ongoing usage of Lidoderm patches in question. Therefore, the request is not medically necessary.

#### **4 Butrans 15mcg:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** Similarly, the request for Butrans (Buprenorphine) was likewise not medically necessary, medically appropriate, or indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that buprenorphine (Butrans) is recommended in the treatment of opioid addiction and is also recommended as an option for chronic pain in applicants who are previously detoxified off of opioids who do have a history of opioid addiction, here, however, no such history was furnished here. There was no mention of the applicant's having issues with opioid addiction and/or the applicant's employing opioids for chronic pain purposes after having previously detoxified off of opioid agents. The fact that the applicant was concomitantly using oral Tylenol No. 3, i.e., another opioid agent, as of June 16, 2015, strongly suggested that the applicant was not, in fact, employing the Butrans patches at

issue for the opioid addiction and/or opioid dependence purposes for which it is indicated, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.