

<b>Case Number:</b>	CM15-0028323		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 46 year old male, who sustained an industrial injury on 09/16/2011. He has reported shoulder, lumbar spine, and cranial pain symptoms. The diagnoses have included headache; sprain/strain lumbar region and post-concussion syndrome. Treatment to date has included medications and acupuncture sessions. Medications have included Atenolol, Norco, Lorazepam, and Ibuprofen. A progress note from the treating physician, dated 01/14/2015, documented a follow-up visit with the injured worker. The injured worker reported aching and burning headaches, rated 4-6/10 on the visual analog scale; aching and throbbing pain in the left shoulder which radiates down the upper arm; shoulder pain is rated at 3-5/10 on the visual analog scale; and aching lumbar spine pain, rated at 5-6/10 on the visual analog scale. Objective findings included tenderness of the lumbar spine and sacroiliac area; tenderness of the left shoulder; and full range of motion of the left shoulder. The treatment plan has included request for prescription medications. On 02/09/2015 Utilization Review noncertified a prescription for Lorazepam 0.5 mg 1 tablet TID #30; a prescription for Ibuprofen 800 mg 1 tablet TID #90; a prescription for Norco 10/325 mg 1 tablet every 4 hours #180; and a prescription for Atenolol 20 mg 1 tab QD #30 Refills: 11. The CA MTUS and the ODG were cited. On 02/16/2015, the injured worker submitted an application for IMR for review of a prescription for Lorazepam 0.5 mg 1 tablet TID #30; a prescription for Ibuprofen 800 mg 1 tablet TID #90; a prescription for Norco 10/325 mg 1 tablet every 4 hours #180; and a prescription for Atenolol 20 mg 1 tab QD #30 Refills: 11.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lorazepam 0.5mg 1 tablet TID #30: Upheld**

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

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

**Decision rationale:** Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Within the documentation available for review, it appears that this is a refill request for Lorazepam, a benzodiazepine, to address spasm. This was requested as early as the progress note from 7/28/15. Given this timeframe which is in excess of the MTUS, this request is not medically necessary.

### **Ibuprofen 800mg 1 tablet TID #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-72.

**Decision rationale:** Regarding the request for NSAIDs, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication in question is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Although a recent progress note from 1/19/15 documents multiple body regions which have decreased pain with "medications," the specific functional benefit of NSAIDs is not noted. Also, monitoring for kidney function is also not documented which should be done for patients on chronic NSAIDs. In the absence of such documentation, the current request is not medically necessary.

### **Norco 10/325mg 1 tablet every 4 hours #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.

**Atenolol 20mg 1 tab QD #30 Refills: 11:** 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), Hypertension treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up to date Online, Atenolol Entry.

**Decision rationale:** Atenolol is a beta blocker blood pressure medication. The MTUS does not specifically address this medication specifically. Beta blockers can also be used in migraine prophylaxis, although propranolol is much better studied if that were the case. In this case, the documentation does not make it clear what the usage or effect of atenolol is in this case. A recent note from 1/14/15 does not document a blood pressure, which is essential in anyone on a blood pressure medication. Also, the interval of giving a one year supply is excessive, as standard of care would warrant more frequent monitoring of blood pressure. This request is not medically necessary.