

<b>Case Number:</b>	CM15-0072869		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 57 year old female who sustained an industrial injury on November 5, 2003. The injured worker was diagnosed as having right shoulder sprain/strain, tendinitis, impingement, acromioclavicular (AC) degenerative joint disease and partial supraspinatus tendon ( SST) tear, lumbar spine sprain/strain and right piriformis syndrome, right wrist tendinitis, and right medial epicondylitis with probable cubital tunnel. Treatment to date has included right piriformis Botox injections, home exercise program, and medication. Progress notes from September 2014 through March 2015 were submitted. From September 2014 to February 2015, the injured worker was noted to be not working, with work restrictions. In March 2015, work status was noted as working with decrease in work restrictions. Severity of pain was noted to be decreased with medication. Soma, Prilosec, Tylenol #4 and Ativan were prescribed since September 2014. Ativan was noted to be prescribed for sleep. Currently, the injured worker complains of right shoulder pain. The Primary Treating Physician's report dated March 16, 2015, noted the right shoulder with tender periscapular and trapezius muscles, with positive impingement and cross arm tests. The lumbar spine was noted to have tender paraspinal musculature, right gluteal, and piriformis. The treatment plan was noted to include right shoulder surgical consult and medications including Tylenol #4, Prilosec, Soma, Ativan, and Colace. Work status was noted as modified with restriction of no lifting over 20 pounds, currently working. On 4/14/15, Utilization Review (UR) non-certified requests for the items currently under Independent Medical Review, citing the MTUS.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol #4 300-60mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** This injured worker has chronic back and shoulder pain. Tylenol #4 has been prescribed since at least September 2014. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. Although the injured worker was documented to have returned to work, with lessening of work restrictions, there was no documentation of decrease in medication use, and office visits have continued at the same frequency, which is not consistent with functional improvement as defined by the MTUS. No functional goals were discussed, there was no documentation of an opioid contract, and random drug testing was not discussed. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan not using opioids, and that the patient "has failed a trial of non-opioid analgesics." Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Pain was noted to be decreased with medications as a group. Change in specific activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, tylenol #4 does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Prilosec 20mg #30:** 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, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDS such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. In this case, there was no documentation of co-therapy with an

NSAID. None of the risk factors noted were present for this injured worker. There was no documentation of GI signs or symptoms, and no examination of the abdomen was documented. Due to lack of specific indication, the request for prilosec is not medically necessary.

**Ativan 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: benzodiazepines pain chapter: insomnia treatment.

**Decision rationale:** Per the MTUS, 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 hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The MTUS does not recommend benzodiazepines for long-term use for any condition. The Official Disability Guidelines recommend against prescribing benzodiazepines with opioids and other sedatives. In this case, Ativan has been prescribed for more than 6 months, along with tylenol #4, an opiate, and soma, a sedating muscle relaxant. The documentation indicates that Ativan was prescribed for sleep. Treatment of a sleep disorder, including prescribing hypnotics, should not be initiated without a careful diagnosis. There is no evidence of that in this case. For the treatment of insomnia, pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. Specific components of insomnia should be addressed. There was no documentation of evaluation of sleep disturbance in the injured worker, and components insomnia were not addressed. Due to length of use in excess of the guideline recommendations, and lack of evaluation of sleep disturbance, the request for Ativan is not medically necessary.

**Colace 100mg #100:** 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 Initiating Therapy [with opioids] Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: opioid induced constipation treatment.

**Decision rationale:** The MTUS notes that when initiating therapy with opioids, prophylactic treatment of constipation should be initiated. Per the ODG, constipation occurs commonly in patients receiving opioids. If prescribing opioids has been determined to be appropriate, prophylactic treatment of constipation should be initiated. First line treatment includes increasing physical activity, maintaining appropriate hydration, and diet rich in fiber. Some laxatives may help to stimulate gastric motility, and other medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Although laxatives are indicated when opioids are prescribed, the opioids are not medically necessary in this case. The treating physician has not provided other reasons for laxatives so laxatives would not be medically necessary if opioids are not prescribed. As such, the request for colace is not medically necessary.

**Soma 350mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (soma), muscle relaxants Page(s): 29, 63-66.

**Decision rationale:** This injured worker has been prescribed soma for more than 6 months. Per the MTUS Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long-term use. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred for months and the quantity prescribed implies long-term use, not a short period of use for acute pain. There was no documentation of functional improvement as a result of use of Soma. Although the documentation indicates that medications as a group resulted in decrease in pain, specific improvement in pain as a result of use of soma was not documented. The injured worker was noted to have returned to work, with decrease in work restrictions. However, there was no documentation of decrease in medication use, and office visits have continued at the same frequency, which is not consistent with functional improvement as defined by the MTUS. Per the MTUS, Soma is categorically not recommended for chronic pain and has habituating and abuse potential. Due to lack of functional improvement, length of use in excess of the guideline recommendations, and lack of recommendation by the guidelines for use for chronic pain, the request for Soma is not medically necessary.