

<b>Case Number:</b>	CM14-0172722		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	08/03/1999
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old woman with a date of injury of August 3, 1999. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated September 23, 2014, the IW has complaints of pain throughout the body and skin. Pain is rated 9/10 without medications and 8/10 with medications. She reports bloating and lack of bowel movement. She found Relistor sample to be helpful to promote a bowel movement. She has tremors in the left lower arm at times. She needs an appointment with GI to address her issues, which has already been approved. Objective findings indicate that the IW is able to transfer from sit to stand with guarding and stiffness. She ambulates with stiff antalgic gait. She has limited range of motion of the back and lower extremities due to pain. She has strength 3/5 in extremities. Her discussion is of past medical issues and characteristics of her stool. She is tearful at times due to issues with her bowel. The IW has been diagnosed with mononeuritis of unspecified site, medial epicondylitis of the elbow, and chronic pain syndrome. The documented treatment plan in the September 23, 2014 note, and all prior notes that were reviewed consisted solely of a medication list including: 1. Methadone 10mg #90, 1 PO q 8 hours ARC for pain control. 2. Celebrex 200mg #30, 1 PO QD for pain control. 3. Valium 5mg #90, 1 PO q 8 hours for anxiety due to pain. 4. Elavil 25mg #60, 1 to 2 PO at bedtime for neuropathic pain. 5. Phenergan 12.5mg #90, 1 PO q 8 hours (indication not documented). 6. Nexium 20mg #30, 1 PO QD for GERD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 prescription of Methadone 10mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Ongoing Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Criteria for Ongoing Opiate Use

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methadone 10 mg #90 is not medically necessary. The guidelines state opiates should be used as a short course of treatment. Long-term efficacy greater than 16 weeks is unclear. Failure to respond to a time-limited course of opiate treatment suggests reassessment in consideration of alternative therapy. Long-term use of opiates should meet certain criteria such as documentation of pain and functional improvement, documentation of adverse effects, additional information as other medicines and treatments that have been attempted since the use of opiates and effectiveness of those treatments. Stated differently, the medical record should contain detailed entries regarding an ongoing review and pain assessments. In this case, the medical records reviewed overweening process was in effect. Weaning began July 27, 2014 and continued on September 5, 2014. Ongoing methadone use appears clinically reasonable, however the amount requested is in excess of that required. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, methadone 10 mg #90 is not medically necessary.

## **1 prescription of Celebrex 200mg #0: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal-anti-inflammatory drugs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Non-Steroidal Anti-Inflammatory Drugs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Celebrex 200 mg #0 is not medically necessary. Celebrex is an anti-inflammatory. Their recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Nonsteroidal anti-inflammatory drugs should be taken with caution in the presence peptic ulcer disease, G.I. bleeding and other specific cardiovascular risk factors. The guidelines state nonsteroidal anti-inflammatory drugs are indicated for relief of signs and symptoms of inflammation and pain. In this case, the medical record shows the injured worker has severe pain that has remained unchanged. The injured worker ambulates with pain and stiffness regardless of the medication regimen prescribed. Consequently, due to the lack of functional improvement on nonsteroidal anti-inflammatory drugs and the indication for short-term use, Celebrex is not medically necessary. Additionally, there is no quantity on the request. The lack of quantity provides indeterminate date with which to reevaluate the patient and

medicine renewals. Based on the clinical information in the medical record and the peer-reviewed medical-based guidelines, Celebrex 200 mg #0 is not medically necessary.

**1 prescription of Valium 5mg #90: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Benzodiazepines,

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Valium 5 mg #90 is not medically necessary. The guidelines state Valium is recommended for short-term use. The efficacy for long-term use is unproven and there is a risk of psychological and physical dependence and/or frank addiction. The guidelines limit its use to four weeks and recommend an antidepressant a more appropriate treatment for anxiety. In this case, the injured worker was being weaned from value. The injured worker was diagnosed with mononeuritis and medial epicondylitis. The records do not indicate a diagnosis of anxiety. The weaning began September 4, 2014. While the request for Valium is reasonable, based on a weaning criterion, #90 tablets are in excess of that required for the purpose of weaning therefore, this request is not medically necessary.

**1 prescription of Elavil 25mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclics antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness and Stress, Antidepressants, Elavil

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Elavil 25 mg #60 is not medically necessary. Elavil is a tricyclic antidepressant and considered a first-line treatment for neuropathic pain unless they are ineffective, poorly tolerated or contraindicated. In this case, the injured worker had started a weaning process for Elavil. The records indicate the injured worker had been prescribed Elavil for her depression secondary to chronic pain. Depression, frustration and insomnia are reported secondary to pain, however the medication regimen does not appear to be providing much improvement. There was no functional improvement associated with continued Elavil use and the treating physician started weaning the injured worker off Elavil. The weaning process was initiated on a prior visit and it was recommended to continue the Elavil for purposes of weaning only. While the drug was necessary for purposes of weaning, the amount was in excess of that required. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Elavil 25 mg #60 is not medically necessary.

### **1 prescription of Phenergan 12.5mg #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, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Antiemetic, Phenergan

**Decision rationale:** Pursuant to the Official Disability Guidelines, Phenergan 12.5 mg #90 is not medically necessary. The guidelines state Phenergan is not recommended for nausea and vomiting secondary to chronic opiate use. Nausea and vomiting is common with the use of opiates. The side effects of nausea and vomiting diminish over days to weeks with continued use. Phenergan is recommended as sedative and antiemetic preoperative and postoperative situations. In this case, the records do not indicate evidence of nausea and vomiting. There was no clinical evidence in the medical record documenting medical necessity for the use of Phenergan. Additionally, Phenergan is not indicated for nausea and vomiting secondary to chronic opiate use. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Phenergan 12.5 mg #90 is not medically necessary.

### **1 prescription of Nexium 20mg #30: 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 Treatment Guidelines NSAID, GI Effects And Cardiovascular Risks Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAID, GI Effects And Cardiovascular Risks

**Decision rationale:** Pursuant to the Official Disability Guidelines, Nexium 20 mg #30 is not medically necessary. The guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal disorders. Prophylactic proton pump inhibitors are indicated for patients who are at high risk or intermediate risk with non-steroidal anti-inflammatory drugs. The risk factors include age greater than 65 years old, history of peptic ulcer disease or G.I. bleeding or perforation, concurrent use of aspirin or steroids or taking high doses or multiple nonsteroidal anti-inflammatory drugs. A trial of Omeprazole is recommended before Nexium therapy. In this case, the records do not indicate that a trial of Omeprazole was utilized prior to initiating Nexium therapy. There was no documentation that the injured worker tried or failed Omeprazole in the past. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Nexium 20 mg #30 is not medically necessary.