

<b>Case Number:</b>	CM13-0024534		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	12/07/2001
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 53-year-old male who reported an injury on 12/07/2001. The patient is diagnosed as status post revision and fusion of the cervical spine, status post posterior spinal fusion at L2-4, status post right total hip arthroplasty, status post left hip arthroplasty, status post total disc replacement at L3-4, status post bilateral shoulder surgery x3, and status post right hip cord decompression with residual. The patient was seen by [REDACTED] on 08/12/2013. The patient reported constant low back pain with radiation to the bilateral lower extremities, as well as constant bilateral hip pain. Physical examination revealed diminished grip strength, diminished lumbar range of motion, positive straight leg raise bilaterally, weakness, and intact sensation. Treatment recommendations included continuation of current medication and home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urinalysis drug screening completed at 07/03/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines ,Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89..

**Decision rationale:** California MTUS guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over 12 years to date and there is no indication of non-compliance or misuse of medication. There is also no evidence that this patient falls under a high risk category that would require frequent monitoring. Therefore, the medical necessity has not been established. As such, the request is non-certified.

**Soma 350mg, #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating, second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Soma is not recommended for longer than a 2 to 3 week period. As per the clinical notes submitted, there is no indication of palpable muscle spasm or muscle tension upon physical examination. As guidelines do not recommend chronic use of this medication, the request cannot be determined as medically necessary. As such, the request is non-certified.

**Prilosec 20mg, #30 is:** 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 Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. As per the clinical notes submitted, the patient does not meet criteria for a proton pump inhibitor as there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. Based on the clinical information received, the request is non-certified.

**Senna 50/8.6mg, #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Opioid induced constipation.

**Decision rationale:** California MTUS Guidelines state prophylactic treatment of constipation should be initiated along with opioid therapy. Official Disability Guidelines state first-line treatment for opioid-induced constipation includes increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet which is rich in fiber. As per the clinical notes submitted, there is no indication this patient has failed to respond to first-line treatment. Therefore, the patient does not currently meet criteria for the use of the prescription medication requested. As such, the request is non-certified.

**Lyrica 200mg, #90:** 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 Page(s): 16-18.

**Decision rationale:** California MTUS Guidelines state antiepilepsy drugs are also referred to as anticonvulsants and are recommended for neuropathic pain. Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. As per the clinical notes submitted, there is no documentation of decreased motor strength or sensation upon physical examination. The patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with radiation to the bilateral lower extremities. Based on the clinical information received, the request is non-certified.

**Fentanyl patch 100mcg, #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient continuously utilized this medication. Despite the ongoing use, the patient continued to report high levels of pain. There was no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to

treatment was not indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request is non-certified.