

<b>Case Number:</b>	CM14-0102782		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/23/2004
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Geriatrics and is licensed to practice in New York. 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 is a man with a date of injury of 2/23/04 . He was seen by his pain management physician on 5/1/14 to follow up low back and bilateral leg pain, bilateral knee, shoulder and hip pain, headaches, bilateral upper extremity pain and residual numbness, both hands. He is status post epidural injections with reduction in pain. His tizanadine results in improvement with his severe nocturnal lower extremity cramping. He reported a 30-40% reduction in his pain when he used his opioids. His physical exam showed residual paravertebral muscle tenderness but range of motion was improved compared to prior exams. Straight leg raise was mildly positive bilaterally at 60 degrees. He had sensory deficitis at C4-7 and L4-5-S1 bilateterally with weakness in both grip strength and lower extremities. He had an antalgic gait andn walked with a cane. At issue in this review are the prescriptions for hydrocodone/acetaminophen, oxycontin, pantoprazole ('for gastroenteritis related to opioids and non-opioid analgesics') and tizanadine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/Acetaminophen 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2004. His medical course has included numerous diagnostic and treatment modalities including epidural injections and long-term use of several medications including narcotics, and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/1/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone/Acetaminophen 10/325mg is not substantiated in the medical records.

**Oxycontin 80mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2004. His medical course has included numerous diagnostic and treatment modalities including epidural injections and long-term use of several medications including narcotics, and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 5/1/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycontin is not substantiated in the medical records.

**Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2004. His medical course has included numerous diagnostic and treatment modalities including epidural injections and long-term use of several medications including narcotics, and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit

of 5/14 fails to document any significant improvement in pain, functional status or side effects to justify long-term use. The tizanadine has been prescribed for long-term use and medical necessity is not supported in the records.

**Pantoprazole:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain Chapter'; FDA.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2004. His medical course has included numerous diagnostic and treatment modalities including epidural injections and long-term use of several medications including narcotics, and muscle relaxants. The indication for pantoprazole per the records is for gastroenteritis associated with opioids. Pantoprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Based upon these criteria, the records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Pantoprazole.