

<b>Case Number:</b>	CM14-0105677		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/07/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 Physical Medicine and Rehabilitation 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 is a 68-year-old male who reported an injury on 03/07/2002 where he worked at a sugar company when he slipped on some water and syrup and landed on his buttocks. Diagnosis was lumbago. Past treatments reported were 2 lumbar radiofrequency facet injections. Diagnostic studies were MRI of the lumbar spine. No surgical history was reported. Physical examination on 07/15/2014 revealed complaints of worsening axial low back pain, improved dramatically in the past with radiofrequency facet injections. Examination revealed normal muscle tone and 5/5 motor strength for the upper and lower extremities. Exam of the lumbar spine revealed increased pain with extension and rotation of the lumbar spine. Sensation was intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise was negative. Spasm and guarding was noted in the lumbar spine. Medications were hydrocodone BIT/APAP 10/325 mg 1 every 8 hours, pantoprazole/Protonix 20 mg 1 tablet every 12 hours, aspirin 81 mg, atenolol 100 mg, hydrochlorothiazide 12.5 mg, Prinvil 20 mg, citalopram HBR 40 mg, prazosin 1 mg, and MVI. Urine toxicology was submitted for review. Past treatments were 2 lumbar radiofrequency facet injections. The rationale was not submitted. The Request for Authorization was submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone BIT/APAP 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Outcomes and Measures, Tolerance and Addiction Page(s): 78 81 82.

**Decision rationale:** The request for hydrocodone BIT/APAP 10/325 mg quantity 120 is non-certified. The California Medical Treatment Utilization Schedule states for the ongoing management of opioid therapy there should be documentation of pain relief, functional status, appropriate medication use, and side effects documented. Pain assessment should include, current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines have also set forth 4 domains that 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 nonadherent) 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 effect therapeutic decisions and provided framework for documentation of the clinical use of these controlled drugs. Continuing review of overall situation with regard to nonopioid means of pain control should be discussed and documented. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. Past conservative care modalities were not reported. Although the injured worker has reported some pain relief and functional improvement from the medication, the provider did not indicate a frequency for the medication. Therefore, the request is non-certified.

**Pantoprazole (Protonix) 20mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** The request for pantoprazole/Protonix 20 mg quantity 60 is non-certified. The California Medical Treatment Utilization Schedule states to determine if a patient is at risk for gastrointestinal events they should be assessed for age of greater than 65 years, have a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, high dose multiple NSAIDs. For patients with no risk factor and no cardiovascular disease reported, a nonselective NSAID should be considered. For patients at intermediate risk for gastrointestinal events and no cardiovascular disease, a nonselective NSAID with either a proton pump inhibitor or a COX-2 selective agent should be considered. Long term proton pump

inhibitor use of greater than 1 year has been shown to increase the risk of hip fracture. Omeprazole is a proton pump inhibitor and used to treat heartburn, stomach ulcers, and gastrointestinal events. It also helps to heal a damaged esophagus caused from excess stomach acid. The request submitted does not indicate a frequency for the medication. Therefore, the request is non-certified.