

<b>Case Number:</b>	CM14-0156787		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/25/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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, Pain Management has a subspecialty in Interventional Spine 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 patient is a 41-year-old male with a date of injury of 01/25/2011. The listed diagnoses per [REDACTED] are: 1. Lumbar back pain. 2. Lumbosacral radiculitis, L5-S1. 3. Facet syndrome of lumbar spine. 4. Myofascial pain. 5. Constipation. 6. Sleep deprivation due to pain. 7. Adjustment disorder with anxiety and depressed mood. 8. Pain with associated psych factors in general med condition. According to progress report 06/13/2014, the patient complains of low back pain just above the tailbone, which radiates down the buttock and into the right side of the thigh. He continues to suffer from depression, anxiety and sleep issues.. The patient's current medication includes omeprazole 20 mg, sertraline 50 mg, LidoPro 4 oz, and OxyContin 10 mg. Examination revealed tenderness in the left paravertebral area at L2 level. There is noted decreased range of motion and positive straight leg raise on the right. The treater is requesting a refill of medications. Utilization review denied the request on 07/28/2014. Treatment reports from 02/07/2014 through 07/18/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Sertraline 50mg #60 DOS: 06/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Medications for chronic pain Page(s): 13-16; 60-61.

**Decision rationale:** This patient complains of low back pain just above the tailbone, which radiates down the buttock and into the right side of the thigh. The treater is requesting a refill of sertraline 50 mg #60. The MTUS Guidelines page 13 to 14 has the following under Antidepressants, "selective serotonin reuptake inhibitors (SSRIs), a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." In this case, the patient suffers from depression and anxiety for which this medication is intended for, but the treater does not discuss its efficacy. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Given the lack of discussion regarding efficacy, continuation cannot be supported. Given the above the request is not medically necessary.

**Retrospective: Omeprazole 20mg #60 DOS: 06/13/2014: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (Chronic); Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient complains of low back pain just above the tailbone, which radiates down the buttock and into the right side of the thigh. The treater is requesting a refill of omeprazole 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has stomach problems due to GERD. The treater reports that the patient is taking Omeprazole for GI irritation, heartburn, and upset stomach. Review of the medical file indicates the patient had utilized NSAID in the past but "he developed edemas, so it was stopped." In this case, the patient is not currently taking NSAID but has used it in the past with some associated GI issues. Given the patient's diagnoses of GERD and continued GI complaints. Given the above the request is medically necessary.

**Retrospective: Lidopro 4oz DOS: 06/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** This patient complains of low back pain just above the tailbone, which radiates down the buttock and into the right side of the thigh. The treater is requesting LidoPro 4 oz. LidoPro compound cream contains capsaicin, lidocaine, menthol and methyl salicylate. The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS, Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. Given the above the request is not medically necessary.

**Retrospective: Oxycontin 10mg #60 DOS: 06/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of Opioids Page(s): 88-89; 76-78.

**Decision rationale:** This patient complains of low back pain just above the tailbone, which radiates down the buttock and into the right side of the thigh. The treater is requesting a refill of OxyContin 10 mg #60. For opiate management, MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS Guidelines page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior). Review of the medical file indicates that the patient has been taking OxyContin since at least 03/28/2014. The treater notes that his plan is to taper the patient down Norco, but review of progress reports show that Oxycontin is continually prescribed with no attempts at tapering. Despite taking chronic opioids, the patient's pain level is consistently a 10/10 as documented in progress reports 03/28/2014, 05/02/2014, and 06/13/2014. In addition, the treater does not provide discussions on functional improvement or outcome measures as required by MTUS for opiate management. Given the lack of sufficient documentation for long term opiate use the request is not medically necessary.