

<b>Case Number:</b>	CM14-0157025		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	10/13/2008
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 & Rehabilitation, 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-year-old male with an injury him and him date of 10/13/08. Based on the 07/25/14 progress report provided by [REDACTED] the patient complains of bilateral knee pain and low back pain rated 8/10 that radiates down to her right buttock. Patient underwent three level lumbar fusion 09/25/12. Physical examination of the lumbar spine revealed significant tenderness upon palpation with increased muscle rigidity. Range of motion was decreased, especially on extension 5 degrees. Examination of the knees revealed tenderness to palpation bilaterally, right greater than left; with crepitus noted with general range of motion. Her analgesic medications include Norco, Topamax and Anaprox, which have been beneficial. Patient benefits and gets improved ADL's, and tolerates Norco as long as she takes her Prilosec. The patient does have significant gastric distress which is helped with the aid of Prilosec. Patient has poor eating habits, some alcohol and smoking use. Anaprox was stopped recently. Fexmid helps the patient's myospasms and helps her sleep at night. Patient gets significant muscle spasm not only in her back, but radiating all the way up to her cervical spine without Fexmid. Klonopin caused her headaches and made her eat more. Patient requires Xanax to deal with depression and especially the anxiety as it relates to her chronic pain and disability. The patient is routinely monitored for "at risk of behavior" with urine drug screen, and has signed opioid treatment contract. Her current medication regimen enables her to function on a daily basis as well as continue to do home exercise program as well as attend aqua therapy at her gym. QME report dated 06/26/14 states that patient had gastritis diagnosed six to seven months ago, and history of upper GI GERD since November 2005. Patient has been prescribed Ultram and Prilosec on 12/17/08 due to thoracic and lumbar spine pain. Prozac was prescribed on 07/02/13 for a diagnosis of depressive and anxiety disorder. Per progress report dated 02/25/14 by Max Matos,

M.D., the patient is temporarily totally disabled. Diagnosis 07/25/14- lumbar myoligamentous injury with associated facet arthropathy- bilateral lower extremity radiculopathy- medication induced gastritis- bilateral knee internal derangement- status post arthroscopic surgery, right knee, 03/08/12- status post PLIF, L3-4, L4-5 and L5-S1, 09/25/12- status post arthroscopic surgery left knee 09/19/13- reactionary depression/anxiety The utilization review determination be challenged is dated 08/28/14. The rationale follows: 1) Retrospective: Norco 10/325mg - (3-4/day) #120 (DOS 07/25/14): "opioid medications are not intended for long-term use. no significant improvement in pain symptoms or documented function improvement..."2) Retrospective: Prilosec 20 mg ( 2/day) BID #60 ( DOS 07/25/14): "this patient is not at intermediate risk of GI event..."3) Retrospective: Fexmid 7.5mg ( 2/day) #60 ( DOS 07/25/14): "muscle relaxants are recommended short-term for acute spasms of the lumbar spine..."4) Retrospective: Prozac 20 mg ( 2/day) #60 ( DOS 07/25/14): "request is reasonable for depression" [REDACTED] is the requesting provider and she provided treatment reports from 02/05/14 - 07/25/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective request for norco 10/325mg #120 (DOS 7/25/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 & 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

**Decision rationale:** The patient presents with bilateral knee pain and low back pain rated 8/10 that radiates down to her right buttock. The request is for Retrospective: Norco 10/325mg - (3-4/day) #120 (DOS 07/25/14). She is status post PLIF, L3-4, L4-5 and L5-S1, 09/25/12, and arthroscopic surgery left knee 09/19/13. Her diagnosis dated 07/25/14 includes lumbar myoligamentous injury with associated facet arthropathy and bilateral lower extremity radiculopathy. Her analgesic medications include Norco, Topamax and Anaprox, which have been beneficial. The patient is routinely monitored for "at risk of behavior" with urine drug screen, and has signed opioid treatment contract. Her current medication regimen enables her to function on a daily basis as well as continue to do home exercise program as well as attend aqua therapy at her gym. Patient is continuing with post-operative physical therapy. QME report dated 06/26/14 states that patient has been prescribed Ultram and Prilosec on 12/17/08 due to thoracic and lumbar spine pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 07/25/14, provider has documented that patient does not exhibit adverse behavior and that she is monitored with routine urine drug screens. He provides a general statement that patient benefits and gets improved ADL's, continues to do home exercise program as well as

attend aqua therapy at her gym. However, the 4A's are not specifically addressed including discussions of adverse side effects and specific ADL's, etc. Furthermore, review of medical records does not show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, as required by MTUS guidelines therefore, this request is not medically necessary.

**Retrospective request for prilosec 20mg BID #60 (DOS 7/25/14): 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 & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with bilateral knee pain and low back pain rated 8/10 that radiates down to her right buttock. The request is for Retrospective: Prilosec 20 mg (2/day) BID #60 (DOS 07/25/14). Her diagnosis dated 07/25/14 includes medication induced gastritis. She tolerates Norco as long as she takes her Prilosec. The patient does have significant gastric distress which is helped with the aid of Prilosec. Patient has poor eating habits, some alcohol and smoking use. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." QME report dated 06/26/14 states that patient had gastritis diagnosed six to seven months ago, and history of upper GI GERD since November 2005. Patient has been prescribed Ultram and Prilosec on 12/17/08 due to thoracic and lumbar spine pain. Patient reports that she tolerates Norco as long as she takes her Prilosec. Per progress report dated 07/25/14, Anaprox was stopped recently. The patient presents with gastritis and GERD for which PPI would be indicated. However, the provider does not indicate how the patient is doing and why he needs to continue when it's been 7 months now. Given the lack of documentation of continued need for this medication, therefore, this request is not medically necessary.

**Retrospective request for fexmid 7.5mg #60 (DOS 7/25/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient presents with bilateral knee pain and low back pain rated 8/10 that radiates down to her right buttock. The request is for Retrospective: Fexmid 7.5mg (2/day) #60 (DOS 07/25/14). She is status post PLIF, L3-4, L4-5 and L5-S1, 09/25/12, and arthroscopic surgery left knee 09/19/13. Her diagnosis dated 07/25/14 includes lumbar myoligamentous injury with associated facet arthropathy and bilateral lower extremity radiculopathy. Patient gets significant muscle spasm not only in her back, but radiating all the way up to her cervical spine

without the muscle relaxant. She reports that Fexmid helps her myospasms and helps her sleep at night. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, in the form of Fexmid at least from 06/20/14 per provider's report, until utilization review date of 08/28/14. Therefore, this request is not medically necessary.

**Retrospective request for prozac 20mg #60 (DOS 7/25/14):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13 and 107.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** The patient presents with bilateral knee pain and low back pain rated 8/10 that radiates down to her right buttock. The request is for Retrospective: Prozac 20 mg (2/day) #60 (DOS 07/25/14). Patient requires Xanax to deal with depression and especially the anxiety as it relates to her chronic pain and disability. Klonopin caused her headaches and made her eat more. For Anti-depressants, the MTUS page 13-15 states, "It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain. Patient diagnosis dated 07/25/14 includes reactionary depression/anxiety. Therefore, this request is medically necessary.