

<b>Case Number:</b>	CM14-0160433		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	02/27/2004
<b>Decision Date:</b>	11/20/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Pain Medicine 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:

This injured worker is a 45 year old male who reported an injury on 02/27/2004. The mechanism of injury was not documented. Pertinent diagnoses for this injured worker were chronic pain syndrome, medication induced gastritis, status post anterior/posterior fusion at L5-S1, and status post removal of hardware from L5-S1. Past treatments for this injured worker were medication, surgery, failed epidural steroid injections, physical therapy, home exercise program, and water therapy program. Past surgeries were anterior/posterior fusion at L5-S1 in 2009, and hardware removal, exploration of fusion with extension of fusion to L4-L5 on 10/30/2012. On 09/08/2014, he rated his pain a 5-6/10 on the pain scale of the low back with radiation down bilateral legs to feet, more to the left side, with numbness and tingling in the left leg. He stated he continues to have spasms. He states medication temporarily decreases pain by 40%. The objective findings noted on 09/08/2014 were tenderness to palpation in the lumbar paraspinals bilaterally. Gait is antalgic with limping. Range of motion of the lumbar spine is decreased and limited by pain, but flexion and extension values were not documented. The last noted urine drug analysis on 02/24/2014 was positive for morphine and oxycodone. The documented medications for this injured worker are Norco 10/325 mg three times a day, MS Contin 15 mg twice a day, Robaxin 750 mg twice a day, Senna-S as needed for opiate induced constipation, Naproxen 550 mg as needed, Prilosec 20 mg, and Gabapentin 600 mg tablet twice a day as needed. The treatment plan for this injured worker includes continuation of a home exercise program, medications, and spinal cord stimulator trial. A Request for Authorization is included and is dated 02/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg #60: 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 Muscle Relaxants Page(s): 64.

**Decision rationale:** The request for Robaxin 750 mg #60 is not medically necessary. The California MTUS Guidelines state muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations of chronic low back pain. It is also noted that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Robaxin. There is a lack of documentation indicating the efficacy of the medication, as the injured worker continued to report spasms. Nonetheless, the guidelines do not support the long-term use of muscle relaxants. Additionally, the request does not include a frequency of use. In view of this lack of documentation, the request for Robaxin 750 mg #60 is not medically necessary.

**Gabapentin 600 mg #30: 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 Antiepilepsy drugs Page(s): 16, 18.

**Decision rationale:** The request for Gabapentin 600 mg #30 is not medically necessary. According to the California MTUS Guidelines, anti-epilepsy drugs are recommended for neuropathic pain, but there are few randomized controlled trials directed at central pain and none for painful radiculopathy. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. This medication is noted to have side effects of dizziness and sedation. There is no documentation regarding adverse side effects. There is a lack of documentation regarding sustained pain relief and objective functional improvement with the use of this medication. Additionally, the request does not include a frequency. Therefore, the request for Gabapentin 600 mg #30 is not medically necessary.

**Naproxyn Sodium 550 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70, 73.

**Decision rationale:** The Request for Naproxyn Sodium 550 mg #60 is not medically necessary. According to the California MTUS Guidelines non-steroidal anti-inflammatory drugs have associated risks for adverse gastric and cardiovascular events. It also recommends the lowest effective dose of non-steroidal anti-inflammatory drugs be used for the shortest period of time. It was noted on 09/08/2014 that this injured worker is diagnosed with medication induced gastritis. There was lack of documentation regarding the adverse side effects of this medication and duration is not documented. There is a lack of documentation regarding sustained pain relief and objective functional improvement with the use of this medication. Additionally, the request does not include a frequency. In view of this lack of documentation, the request for Naproxyn Sodium 550 mg #60 is not medically necessary.

**Omeprazole mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole mg #60 is not medically necessary. The CA MTUS guidelines recommend proton pump inhibitors for injured workers taking non-steroidal anti-inflammatory drugs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. It was noted by the health care provider that this injured worker's need for omeprazole was medication related. The concurrent request for Naproxyn Sodium was shown to be not medically necessary, thus the request for Omeprazole is also not supported. Additionally, the frequency of use and dosage for this medication were not included in the request. As such, the request is not medically necessary.

**Hydrocodone/APAP 10/325 #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78-80.

**Decision rationale:** The request for Hydrocodone/APAP 10/325 #90 is not medically necessary. According to the California MTUS Guidelines opioid drugs should be prescribed in the lowest

possible dose to improve pain and function. Ongoing review should include documentation of pain relief, functional status, appropriate medication use, and side of effects. 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. It is documented in the guidelines that use in chronic back pain appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear, but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. The medical records provided indicate an ongoing prescription for Hydrocodone/APAP. A urine drug screen performed 02/24/2014 was positive for morphine and oxycodone. The injured worker stated a pain level of 5-6/10 with shooting leg pain, but there is no documentation regarding pain levels with and without medication, length of time for relief, or average pain levels. There is also no indication of objective functional improvements with the use of this medication. Additionally, the frequency for medication use is not included in the request. In view of the lack of documentation for these areas, the request for Hydrocodone/APAP 10/325 #90 is not medically necessary.