

<b>Case Number:</b>	CM14-0025150		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/23/2005
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Anesthesiology, 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:

The injured worker is a 46 year old male injured on 08/23/05 due to undisclosed mechanism of injury. Current diagnoses included crush injury to the left pelvis, left superior ramus fracture, diastasis of the left sacroiliac joint with sacral fracture, status post closed reduction external fixator, urethral rupture bladder, status post multiple bladder and urethral reconstruction surgeries, lumbar strain with left lumbar radiculopathy secondary to pelvic fracture, and chronic pain syndrome. Clinical note dated 02/07/14 indicated the injured worker presented for evaluation of low back pain. The injured worker reported experiencing back stiffness, numbness in the left leg, radicular pain in the left leg, and foot. The injured worker rated his pain 6/10. The injured worker reported pelvic pain rated 6/10 described as aching, deep, pressure, radiating, numbness, and cold. The injured worker reported 70-80% improvement in functional capacity and decreased pain and suffering with sacroiliac joint injections. Urethral and bladder status resulted in ongoing urinary retention and erectile dysfunction. Current medications included Butrans 20mcg/hour patch, Lyrica 50mg three times a day, Naprosyn 500mg twice a day, Nortriptyline 25mg every night, Prilosec 20mg daily, Pristiq 50mg daily, and Tylenol-codeine #3 four times a day. The initial request for Pristiq 50mg #30 with four refills, Prilosec 20mg #30 with three refills, Naprosyn 500mg #60 with three refills, Butrans 20mcg/hour patch #4, and Tylenol-codeine #3 300mg #120 was initially non-certified on 02/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRISTIQ 50MG, #30 WITH 4 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (SSRS) (Selective Serotonin Reuptake Inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Re-Uptake Inhibitors) Page(s): 107.

**Decision rationale:** As noted on page 107 of the Chronic Pain Medical Treatment Guidelines, Saris are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. There is no indication in the documentation that the injured worker has been diagnosed or exhibits symptoms associated with depression requiring medication management. As such, the request for Pristiq 50mg, #30 with four refills is not medically necessary.

**PRILOSEC 20MG, #30 WITH 3 REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor (PPIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of Acetyl-salicylic Acid corticosteroids, and/or an anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (SAID) (e.g., NSAID + low-dose Aspr). The injured worker has undergone long-term chronic pain management which includes significant opioid medications and NSAIDs. As such, the request for Prilosec 20mg, #30 with three refills is medically necessary.

**NAPROSYN 500MG, #60 WITH 3 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count and chemistry profile (including

liver and renal function tests). Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naprosyn 500mg, #60 with three refills cannot be established as medically necessary.

**BUTRANS 20MCG/HR PATCH, #4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation indicates the injured worker received significant traumatic injuries requiring ongoing pain management. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Butrans 20mcg/hr patch, #4 is medically necessary.

**TYLENOL/CODEINE #3 300MG, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Opioids, Criteria for Use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. The documentation indicates the injured worker received significant traumatic injuries requiring ongoing pain management. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Tylenol/codeine #3 300 milligrams, #120 is medically necessary and appropriate.