MAXIMUS Federal Services

| Case Number: | CM14-0045761 | | |
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| Date Assigned: | 07/02/2014 | Date of Injury: | 06/03/2002 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 04/03/2014 |
| Priority: | Standard | Application Received: | 04/14/2014 |

## 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, has a subspecialty in Pain Management 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 is a male patient with the date of injury of June 3, 2002. A Utilization Review was performed on April 3, 2014 and recommended certification of 1 prescription of Prilosec 20mg between 3/24/2014 and 5/31/2014, 1 prescription of Senokot S between 3/24/2014 and 5/31/2014, and 1 prescription of Relafen 750mg between 3/24/2014 and 5/31/2014; and modification of 1 prescription of Neurontin 600mg to 1 prescription of Neurontin 600mg #60 between 3/24/2014 and 5/31/2014. A Comprehensive Follow-up Visit dated March 24, 2014 identifies Subjective Complaints of constant low back pain axially radiating in mid back area and occasionally shooting down right leg with tingling, numbness and paresthesia. He gets frequent flare-up of his low back pain. Objective Findings identify increased lumbar lordosis. Paravertebral muscle spasm and localized tenderness is present in lumbar facet joint area at L4-5 and L5-S1 level. ROM of LS spine is restricted. Right-sided sitting straight leg raising (SLR) is 40-50 degrees. Left-sided sitting SLR is 50-60 degrees. Diagnoses identify lumbar disc protrusion and extrusion at L5-S1, L4-L5 and disc bulge at L3-L4 (magnetic resonance imaging (MRI) confirmed), lumbar spondylosis (MRI confirmed), right-sided L5-S1 lumbar radiculopathy (electromyography (EMG) confirmed), probable right peroneal neuropathy (EMG confirmed), lumbar facet syndrome, and chronic myofascial pain syndrome. Discussion/Plan identifies continue Relafen 750 mg by mouth (PO) two times per day (BID), Neurontin 600 mg PO BID (for tingling and numbness), Prilosec 20 mg PO every day(QD) (for stomach upset and heartburn), and Senokot-S 2 PO at bedtime (QHS) (for constipation).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg:** Overturned

**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 Proton Pump Inhibitors Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it is noted that Prilosec is given for stomach upset and heartburn. The patient is also noted to be on chronic NSAID therapy. As such, the currently requested omeprazole is medically necessary.

**Senokot-S:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Opioid-Induced Constipation Treatment.

**Decision rationale:** Regarding the request for Senokot-S, California MTUS does not address the issue. The Official Disability Guidelines (ODG) cites if prescribing opioids has been determined to be appropriate, then ODG recommends, under Initiating Therapy, that Prophylactic treatment of constipation should be initiated. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. Within the documentation available for review, the patient has been on chronic opioid therapy. Guidelines recommend prophylactic therapy to reduce the chance of opioid-induced constipation. As such, the current request for Senokot-S is medically necessary.

**Relafen 750mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

**Decision rationale:** Regarding the request for Relafen (Nabumetone), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Relafen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.

**Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDS) Page(s): 16-21.

**Decision rationale:** Regarding request for Neurontin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that 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. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS), and no documentation of specific objective functional improvement. Additionally, there is no discussion regarding side effects from this medication. In the absence of such documentation, the currently requested Neurontin is not medically necessary.