

<b>Case Number:</b>	CM14-0080814		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 34 years old female with an injury date of 09/26/08. Based on the 04/24/14 progress report provided by [REDACTED] the patient complains of thoracolumbar pain rated 6/10 and left hip pain rated 9/10 that radiates down her left leg. Physical examination revealed tenderness to palpation to thoracic back, left gluteus medius, left tensor fascia lata and piriformis. Negative straight leg raise. Deep tendon reflexes diminished in the entire left leg. Patient had 20% decrease in pain with steroid injection, however still in significant pain because she is unable to take NSAIDs due to gastritis. Patient takes Omeprazole for gastric protection in light of history of dyspepsia and gastric bleeding with NSAIDs. Phenergan with Codeine is taken for pain and nausea due to the Codeine. Patient's medications also include Tylenol, Miralax, Melatonin, Lidoderm patch and Cymbalta. Patient had a trial of acupuncture which helped. Per progress report dated 06/10/14, patient is to return to modified work. Diagnosis on 04/24/14 includes:- lumbar strain- left sacroiliac pain- left hip and leg pain. The utilization review determination being challenged is dated 05/19/14. The rationale follows: 1) Phenergan with Codeine: "no discussion regarding aberrant behavior and no urine drug screen..." 2) Omeprazole 20mg #30: "the requested PPI may be deemed appropriate at this juncture. The documentation does not show evidence as to why the patient requires two medications for dyspepsia..." [REDACTED] is the requesting provider and he provided treatment reports from 04/24/14 - 06/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Phenergan with Codeine (Amount Not Specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Codeine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88 and 89 , 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for: Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with thoracolumbar pain rated 6/10 and left hip pain rated 9/10 that radiates down her left leg. The request is for PHENERGAN WITH CODEINE. Patient's diagnosis dated 04/24/14 included lumbar strain, left sacroiliac pain and left hip and leg pain. Patient's medications include Phenergan with Codeine, Omeprazole, Tylenol, Miralax, Melatonin, Lidoderm patch and Cymbalta. Patient had 20% decrease in pain with steroid injection, however still in significant pain because she is unable to take NSAIDs due to gastritis. Patient had a trial of acupuncture which helped. Per progress report dated 06/10/14, patient is to return to modified work. 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. For Phenergan, ODG guidelines do not recommend it for opioid induced nausea. Per progress report dated 04/24/14, "Phenergan with Codeine is taken for pain and nausea due to the Codeine." In this case, treater has not stated how Phenergan with Codeine reduces pain and significantly improves her activities of daily living: the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, etc. Furthermore, Phenergan is not supported by ODG for use in opioid induced nausea. The request is not medically necessary.

**Omeprazole 20mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain, Proton Pump Inhibitors (PPI's)

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

**Decision rationale:** The patient presents with thoracolumbar pain rated 6/10 and left hip pain rated 9/10 that radiates down her left leg. The request is for OMEPRAZOLE 20MG #30. Patient's diagnosis dated 04/24/14 included lumbar strain, left sacroiliac pain and left hip and leg pain. Patient had 20% decrease in pain with steroid injection, however still in significant pain because she is unable to take NSAIDs due to gastritis. Patient's medications include Phenergan with Codeine, Omeprazole, Tylenol, Miralax, Melatonin, Lidoderm patch and Cymbalta. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA,

corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID.MTUS pg 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." Per UR letter dated 05/19/14, "the requested PPI may be deemed appropriate at this juncture. The documentation does not show evidence as to why the patient requires two medications for dyspepsia..." Treater states in progress report dated 04/24/14, "patient takes Omeprazole for gastric protection in light of history of dyspepsia and gastric bleeding with NSAIDs." Patient is still taking NSAIDs and treater has documented dyspepsia secondary to NSAID therapy. Continued use of PPI appears indicated given it's benefit. The request is medically necessary.