

<b>Case Number:</b>	CM13-0040274		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Internal Medicine

### 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 54-year-old female who has reported multifocal pain after a motor vehicle accident on 11/22/2011. The diagnoses include low back pain, right knee pain, right hip pain, right ankle/foot pain, myalgia, displacement of the lumbar intervertebral disc, lumbar facet joint syndrome, and lumbar neuroforaminal stenosis. Treatments to date have included medications, epidural steroid injections, lumbar support, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, and acupuncture. On 2/21/12 the injured worker was seen by the current treating physician for an initial visit. Prior treatment included medication, physical therapy, and a knee injection. Current medication was listed as medication to reduce the pain. The treatment plan included naproxen, hydrocodone, omeprazole, cyclobenzaprine, Dioctyl Sulfo, many radiographs, many kinds of durable medical equipment (DME), physical therapy, electrodiagnostic testing, a functional capacity evaluation (FCE), psychological consultation, a NIOSH test (National Institute for Occupational Safety and Health), a urine drug screen, and modified work. The report did not provide patient specific indications for the items in this treatment plan. Subsequent reports from the primary treating provider (PTP) during 2012 and 2014 show ongoing, severe pain, extensive treatment lists, and no discussion of the specific indications or results for any medications. A pain management evaluation of 3/20/13 documents ongoing multifocal pain, ongoing and unspecified medications which were helpful, many functional limitations, and the need for spine injections. Naproxen was stopped due to hypertension. No other specific medication was listed. The injured worker was noted to be working modified duty.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for proton pump inhibitors (PPIs) should be for the shortest term possible. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. There are no medical reports which adequately describe the relevant signs and symptoms of possible gastrointestinal disease. There is no examination of the abdomen. There are many possible etiologies for gastrointestinal symptoms; the available reports do not provide adequate consideration of these possibilities. Cotherapy with an NSAID is not indicated in patients other than those at high risk. No reports describe the specific risk factors present in this case. PPIs are not benign. The MTUS, FDA, and recent medical literature have described a significantly increased risk of hip, wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesemia in patients on proton pump inhibitors. This PPI is not medically necessary based on lack of medical necessity, an Independent Medical Review request for an unspecified quantity, and risk of toxicity.

**Cyclobenzaprine HCL 7.5mg #90:** 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. Medication trials Page(s): 63-66, 60.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long term use, not a short period of use for acute pain. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

**Hydrocodone Bit/Acet 2.5/325mg #90: 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 Opioid management. Opioids, steps to avoid misuse/addiction. Indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials., page 77-81, 94, 80, 81, 60 Page(s): 77-81, 94, 80, 81, 60.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. The prior medication history was not discussed. The prescribing physician does not specifically address function with respect to prescribing opioids. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. There is no record of a urine drug screen program. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time. In this case, medications were given as a group, making the determination of results, side effects, and benefits very difficult to determine. None of the reports discuss the specific symptomatic and functional benefit from this opioid. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary.

**Naproxen Sodium 550mg #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 Medications for chronic pain. NSAIDs for Back Pain - Acute exacerbations of chronic pain. Chronic low back pain. NSAIDs, specific drug list & adverse effects Page(s): 60, 68, 70.

**Decision rationale:** Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Four medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The treating physician did not make any significant assessment of the prior medication history. None of the physician reports address the specific results of using NSAIDs. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The MTUS does not specifically reference the use of NSAIDs for long term treatment of chronic pain in other specific body parts. NSAIDs are indicated for long term use only if there is specific benefit, symptomatic and functional, and an absence of serious side effects. This NSAID is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, and prescription not in accordance with the MTUS and the FDA warnings.