

<b>Case Number:</b>	CM14-0189638		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	07/11/2012
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 47 year old male with an injury date of 07/11/12. Based on the 10/10/14 progress report provided by treating physician, the patient complains of low back pain rated 6/10 that radiates to left lower extremity. Physical examination to the lumbar spine revealed decrease in range of motion by 20% in all planes with pain, moderate spasms, and tenderness to palpation to spinous process and paravertebral. Straight leg raise test positive. Patient's medications include Naproxen, Hydrocodone, Omeprazole, Cyclobenzaprine and topical and were prescribed on progress reports dated 12/18/13 and 10/10/14. Urinalysis report dated 01/24/14 revealed consistent results. Urinalysis report dated 02/24/14 detected Codeine and Morphine, which were inconsistent with prescription therapy. Urinalysis was performed on 09/12/14 per progress report dated 10/10/14, but results were not provided. Per progress report dated 10/10/14, Naproxen is prescribed for pain and inflammation, Omeprazole to protect the stomach and Hydrocodone/APAP for pain. Patient's work status is not available. Diagnosis as of 10/10/14 includes cervical spine sprain/strain with discopathy, lumbar spine sprain/strain with radiculopathy, lumbar spine with discopathy and sciatica. The utilization review determination being challenged is dated 10/30/14. Treatment reports were provided from 09/04/13 - 10/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective, Naproxen 550mg #60, DOS: 10/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's; Medication for chronic pain Page(s): 22; 60.

**Decision rationale:** The patient presents with low back pain rated 6/10 that radiates to left lower extremity. Patient's diagnosis dated 10/10/14 included cervical spine sprain/strain with discopathy, lumbar spine sprain/strain with radiculopathy, lumbar spine with discopathy and sciatica. Patient's medications include Naproxen, Hydrocodone, Omeprazole, Cyclobenzaprine and topical, and were prescribed on progress reports dated 12/18/13 and 10/10/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. Per progress report dated 10/10/14, Naproxen is prescribed for pain and inflammation. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of medical records does not show documentation of functional benefit or pain reduction from Naproxen. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request is not medically necessary.

**Retrospective, Hydrocodone/APAP 10/325mg #120, DOS: 10/10/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89, 78.

**Decision rationale:** The patient presents with low back pain rated 6/10 that radiates to left lower extremity. Patient's diagnosis dated 10/10/14 included cervical spine sprain/strain with discopathy, lumbar spine sprain/strain with radiculopathy, lumbar spine with discopathy and sciatica. Patient's medications include Naproxen, Hydrocodone, Omeprazole, Cyclobenzaprine and topical, and were prescribed on progress reports dated 12/18/13 and 10/10/14. Urinalysis report dated 01/24/14 revealed consistent results. Urinalysis report dated 02/24/14 detected Codeine and Morphine, which were inconsistent with prescription therapy. Urinalysis was performed on 09/12/14 per progress report dated 10/10/14, but results were not provided. Patient's work status is not available. 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. Per progress report dated 10/10/14 Hydrocodone/APAP for pain. In this case, the physician has not stated how Hydrocodone/APAP reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. There is lack of documentation as required by MTUS. The request is not medically necessary.

**Retrospective, Urine screen, DOS: 10/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines under opioid management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Urine drug testing (UDT)

**Decision rationale:** The patient presents with low back pain rated 6/10 that radiates to left lower extremity. Patient's diagnosis dated 10/10/14 included cervical spine sprain/strain with discopathy, lumbar spine sprain/strain with radiculopathy, lumbar spine with discopathy and sciatica. Patient's medications include Naproxen, Hydrocodone, Omeprazole, Cyclobenzaprine and topical, and were prescribed on progress reports dated 12/18/13 and 10/10/14. Patient's work status is not available. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provide a clearer recommendation. ODG-TWC, Pain (Chronic) Chapter states: "Criteria for Use of Urine Drug Testing: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." The physician has not provided reason for the request. Urinalysis report dated 01/24/14 revealed consistent results. Urinalysis report dated 02/24/14 detected Codeine and Morphine, which were inconsistent with prescription therapy. Urinalysis was performed on 09/12/14 per progress report dated 10/10/14, but results were not provided. Per ODG, patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. UDS's for proper opiates monitoring is recommended by guidelines. The patient already had 3 reported UDS's; however the physician has not provided "opiate risk assessment," to determine how frequently UDS's should be obtained based on guideline recommendations. The request appears excessive. The request is not medically necessary.

**Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**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 low back pain rated 6/10 that radiates to left lower extremity. Patient's diagnosis dated 10/10/14 included cervical spine sprain/strain with discopathy, lumbar spine sprain/strain with radiculopathy, lumbar spine with discopathy and sciatica. Patient's medications include Naproxen, Hydrocodone, Omeprazole, Cyclobenzaprine and topical, and were prescribed on progress reports dated 12/18/13 and 10/10/14. Patient's work status is not available. 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 page 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 progress report dated 10/10/14, Omeprazole was prescribed to protect the stomach. Patient had Naproxen and Omeprazole prescribed since progress report dated 12/18/13. However, the physician does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. Review of medical records does not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, it has been more than 10 months from the UR date of 10/30/14, and the physician has not indicated how the patient is doing, and why he needs to continue. There is lack of documentation as required by guidelines. The request is not medically necessary.