

<b>Case Number:</b>	CM14-0192805		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	02/25/2010
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 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 injured worker is a 44 year old male with an injury date on 02/25/2010. Based on the 10/02/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post cervical fusion2. Cervical discopathy 3. Lumbar discopathy4. Lumbar radiculopathy5. Lumbar facet syndromeAccording to this report, the injured worker complains of 6/10 "constant severe pain in the lumbar spine radiating to bilateral legs with numbness and tingling sensation." Physical exam reveals a distressed individual who ambulates with the assistance of a cane. The injured worker is able to perform heel-toe walk but with low back pain. Tenderness and spasm is noted over the cervical/lumbar paravertebral muscles. Spurling's sign, sciatic notch tenderness, Kemp's, Straight leg raise test and Valsalva maneuver are positive. Decreased sensation is noted along the L5 dermatome on the left. Cervical and lumbar range of motion is limited. There were no other significant findings noted on this report. The utilization review denied the request for (1) Percocet 10/325mg one/two PO Q4-6hrs #180, (2) Flexeril 10mg one PO TID #90, and (3) Protonix 20mg one PO QD #30 on 10/29/2014 based on the MTUS guidelines. The requesting physician provided 2 treatment reports from 06/30/2014 to 10/02/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg 1-2 PO Q4-6hrs #180:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** Per this report, the current request is for Percocet 10/325mg 1-2 PO Q4-6hrs #180. This medication was first mentioned in the 06/30/2014 report; it is unknown exactly when the injured worker initially started taking this medication. For chronic opiate use, 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Review of the report shows documentation of pain assessment using a numerical scale describing the injured worker's pain. The treating physician indicates the injured worker "is engaging in daily exercise routine" and prolonged walking and standing would aggravate the condition. Per injured worker, "his medications are helping with his pain. However, he reports constipation and some drowsiness out of the Percocet." The most recent urinary screening test was performed on 05/15/ 2014 show "positive for medical marijuana, which he states that has been prescribed by a physician. He is negative for Percocet. He does state that he ran out approximately a week early on his last evaluation. I do need to monitor him closely and ensure that he is compliant." In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the request is medically necessary.

**Flexeril 10mg one PO TID #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64,63.

**Decision rationale:** Per this report, the current request is for Flexeril 10mg one PO TID #90. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Reviews of the available records indicate this injured worker has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #90 and this medication was first noted in the 06/30/2014 report. Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the request is not medically necessary.

**Protonix 20mg one PO QD #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** Per this report, the current request is for Protonix 20mg one PO QD #30 and this medication was first noted in the 06/30/2014 report. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the injured worker has "no history of peptic ulcer disease, diarrhea, constipation, or irritable bowel syndrome." The injured worker is not currently on NSAID and has no gastrointestinal side effects with medication use. The injured worker is not over 65 years old; no other risk factors are present. The treating physician does not mention if the injured worker is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treating physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.