

<b>Case Number:</b>	CM14-0196182		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	10/27/2001
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 patient is a 63 year old female with an injury date of 10/27/01. Based on the 06/04/14 progress report, the patient has back pain, low back pain, and lumbar complaints. She has back stiffness and her condition worsens with back extension/flexion and hip extension/flexion/rotation. The 08/25/14 report states that the patient complains of back pain and low back pain which she rates as a 7/10. The 11/03/14 report states that the patient continues to have back pain, low back pain, and lumbar complaints which she rates as a 9/10. She has sleep problems, hypertension, depression, and anxiety disorder. The lumbosacral exam revealed pain to palpation over the L4 to L5 and L5 to S1 facet capsules bilateral and minimal myofascial pain. She has an antalgic gait. The patient is currently taking Amitriptyline, Naprosyn, Neurontin, Norco, Omeprazole Capsule, Prilosec, and Soma. The patient's diagnoses include the following: Internal disc disruption with torn annular fibers at three levels per recent CT discography study of the cervical spine, Moderate central canal stenosis with 5 mm disc herniation at L4-5 per MRI study, Suspect left sacroilitis, SI joint dysfunction, Repeat dorsal rami diagnostic blocks of the lumbosacral spine bilaterally at L3-4, L4-5 and L5-S1 on 10/29/07, Radiofrequency neurolysis of the lumbosacral spine on 02/04/08, and Status post epidural of the lumbosacral spine. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 10/28/13- 11/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurontin 600mg #180 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18, 19.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for Neurontin 600 Mg #180 with 3 refills. The patient has been taking Neurontin as early as 10/28/13. The MTUS Guidelines pages 18 and 19 reveal the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." In this case, the patient has sleep problems, hypertension, depression, anxiety disorder, back pain, and low back pain. There are no discussions provided regarding Neurontin's efficacy. The MTUS page 60 requires recording of pain assessment and functional changes when medications are used for chronic pain. The physician provides pain scales of 7/10 on the 08/25/14 report and 9/10 on the 11/03/14 report and it appears as though the pain has more pain with her medication regimen. There is no discussion of decrease in pain or functional improvement with taking Neurontin. Given the lack of discussion regarding efficacy, the requested Neurontin is not medically necessary.

**Amitriptyline 50mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants, Medication for chronic pain Page(s): 13-15, 60.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for Amitriptyline 50 mg #60 with 3 refills. The patient has been taking Amitriptyline as early as 10/28/13. Regarding anti-depressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. In this case, the physician does not discuss efficacy of Amitriptyline on any of the reports provided. Although the patient does present with depression and anxiety, there is no discussion as to how this medication has been beneficial. Furthermore, the patient also has back pain and there is no recording of pain and function, as required by the MTUS page 60. Due to lack of documentation, the requested Amitriptyline is not medically necessary.

**Soma 350mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Carisoprodol (Soma, Soprodal 350, Vanadom, generic available) Page(s):.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for SOMA 350 MG #120. The patient has been taking Soma as early as 10/28/13. The MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, pages 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The MTUS recommends requested Soma only for a short period. Soma has been prescribed in progress reports dated 10/28/13, 12/12/13, 01/20/14, 02/07/14, 03/11/14, 04/09/14, 06/04/14, 08/25/14, and 11/03/14, which exceeds the 2 to 3 week period recommended by MTUS guidelines. Furthermore, the request for quantity 120 does not indicate intended short-term use. Therefore the requested Soma is not medically necessary.

**Norco 10/325 mg #240: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, medication for chronic pain Page(s): 88, 89, 60-61.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for Norco 10/325 MG #240. The patient has been taking Norco as early as 10/28/13. The 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." The MTUS page 78 also requires documentation of the 4A's (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. The 02/07/14 report states that the patient "has substantial benefit for increased functional capacity, and decreased pain and suffering, and no signs of illicit drug abuse or diversion." The 08/25/14 report states that the patient complains of back pain and low back pain which she rates as a 7/10 and her pain increases to a 9/10 on the 11/03/14 report. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary.

**Naprosyn 500mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medication for chronic pain Page(s): 22, 60.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for Naprosyn 500 mg (no quantity indicated). The patient has been taking Naprosyn as early as 10/28/13. The MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In this case, the patient continues to have back pain, low back pain, and lumbar complaints. For medication use in chronic pain, the MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen has done for the patient's pain and function and why it's prescribed, as required by the MTUS page 60. The requested Naprosyn is not medically necessary.

**Omeprazole 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to the 11/03/14 report, the patient presents with back pain, low back pain, and lumbar complaints. The request is for Omeprazole 20 mg (no quantity indicated). The patient has been taking Omeprazole as early as 10/28/13. The MTUS Guidelines pages 68 and 69 state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and GI bleeding or perforation. 3.) Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.) High-dose/multiple NSAID. The 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." The patient is currently taking Amitriptyline, Naprosyn, Neurontin, Norco, Omeprazole Capsule, Prilosec, and Soma. In this case, there are no discussions regarding what Omeprazole is doing for the patient. The physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the on-going use of Omeprazole is not medically necessary.