

<b>Case Number:</b>	CM14-0196544		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	06/19/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/21/2014
<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 Family Practice 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 45 year old male who presented to provider's office on 5/6/14 for follow up for jaw, teeth and ear issues as well as shoulders, knees and back. He is doing well with current regimen but would like to increase Norco to 4 per day. He is having a lot of jaw pain. Percocet will remain the same. He takes Norco during the day and Percocet in the evening. Per progress notes from 6/4/2014 visit, injured worker is doing well with current medication regimen. Pain meds bring his pain level down from 8/10 to 4-5/1 on the 1-10 scale and allow him to remain active and functional. Motrin is causing GI upset. At 7/3/14 visit, injured worker complained that Celebrex irritated his stomach more. He has been miserable. Injured worker reports that he has been without energy. When he had the Percocet filled along with the Norco, he could go to the gym three times per week, walking 1-2 miles per day. In April he remembers walking 5 miles with his wife and he did great. Now all of his joints are hurting. At 12/5/14 visit, injured worker evaluated for ongoing low back pain and right upper extremity pain. Injured worker is doing well with medication regimen. He does continue to get stomach upset and needs refills for that. Treating/Referral Provider Findings: At 7/3/14 visit, no aberrant drug seeking behavior was noted. He is scheduled for a urine screen the same date as visit. The previous drug screens have been consistent. Per progress notes from provider dated 8/29/14, injured worker is struggling significantly with mood, depression, and anxiety and was doing much better mood and motivation wise when he was able to see his psychologist. Injured worker has to undergo another TMJ surgery and psychotherapy would be beneficial. Per 12/5/14 assessment by provider, no significant change. The injured worker was ambulating well. Conservative treatment with results: Per progress report dated 5/6/14, current medications include Norco 10/325, increased from 4 to 5 times per day, Percocet 10/325, one twice per day, Motrin 800 mg twice per day, Prilosec 20 mg once per day and ensure 14 ounces twice per day. Right L3, L4, L4

dorsal medial branch block with negative results on 11/14/12. The provider dispensed Norco #150, prescribed Percocet #60, dispensed Motrin 800 #60 and dispensed Prilosec #30. Per progress notes from 6/4/2014 visit, Motrin was discontinued. Injured worker was given a "bunch" of Celebrex samples, 200mg. He was told to take 1 per day to see if the GI upset decreased. His Prilosec was increased from once a day to twice a day. The provider dispensed #60, 20 mg tablets of Prilosec, Norco 10/325 #120 and a written prescription for Percocet 10/325 #60. He also dispensed Naprosyn 500mg twice daily, #42. At 7/3/14 visit, injured worker complained that Celebrex irritated his stomach more. He wanted to go back to using naproxen and another injection in his lumbar spine. "They" [the pharmacy] did not fill the Percocet. Pain at visit was 8/10. Average pain in last 30 days was 6/10. The least amount of pain was 5/10. Norco takes about 45 minutes to work and lasts typically 4 hours. Meds were refilled. Norco increased to 6 per day as he is having trouble getting Percocet filled at pharmacy. Restarted on Naprosyn 500mg two times per day. He has tried Motrin and Celebrex which have irritated his stomach. He will continue Prilosec as without it, his stomach will give him more issues. At 8/1/14 follow up, injured worker doing well on current regimen with Norco. His pain level is controlled at about the same levels as what the Percocet was with the addition of the Norco. Pain level was from an 8/10 to about a 4-5/10. A pain contract is in place. Injured worker is not taking medications prescribed by other providers. On 8/1 visit, dispensed Norco #180, naproxen #60 (tolerating much better than Celebrex) and Prilosec #60. At 8/29/14 visit, pain level was 8-9/10, he does not want to increase Norco but is struggling. Injured worker was given a prescription for Zohydro ER, 30 mg, twice daily, #60 to see if his pain control gets better as opposed to increasing the Norco. The provider requested a three month trial to determine if his pain gets better. A bottle of Norco #60 was dispensed, omeprazole #3 and Naprosyn #60. Per progress notes from visit dated 10/3/14, Zohydro has been helpful. It is given the injured worker better pain control. He has been able to cut back to only 2 Norco a day for breakthrough pain. He has also cut back to Naprosyn once per day. A prescription was written for Zohydro ER 30 mg #60. Norco #60 was dispensed. Naprosyn 550 mg #30 and Prilosec #30 was dispensed as well. At 10/31/14 visit, injured worker reports doing well on Zohydro. He has less GI upset. He has been able to stop Naprosyn completely. He only needs Prilosec on an as needed basis. The Zohydro is much easier on the stomach. He takes 2 Zohydro ER per day and 2 Norco immediate release per day and this is working great. This combination brings his pain level down from a 10/10 to a 5/10 on a 1-10 pain scale. It allows him to carry out activities of daily living such as cooking, cleaning, laundering and self-hygiene. He is also able to walk for exercise. The Naprosyn was discontinued. No refill was required for the Prilosec. Norco #60 was dispensed. A written prescription was given for Zohydro ER #60. Per 11/25/14 report from provider in response to the denial for Norco, the injured worker has been at about 80 MED with combinations of Norco, Percocet and Oxycontin in the past. The goal has been to wean down the medications while maintaining adequate pain control as well as improved function and quality of life. With the addition of Zohydro ER, the injured worker was able to decrease Norco from 6 per day to 2 per day. Assessment from 12/5/14 visit with provider revealed bilateral SI epidural injection given on 11/14/14 was quite helpful. He had an 80% improvement of radicular symptoms on the left and 60% improvement on the right. He is doing well on pain regimen. The combination of Zohydro and the Norco continue to bring his pain form a 9/10 to a 5/10. He is able to be more functional with this and tolerates medications without side effects. The provider wrote prescriptions for Zohydro ER #60 and Prilosec 20 mg #30 (3 refills), as well as dispensed Norco #60. A drug screen was performed as well. Diagnostics: MRI of brain w/o contrast performed on

2/1/13 showed no significant abnormality with some minimal mucosal thickening in the maxillary and ethmoid sinuses. MRI of right wrist, 12/21/2011, showed tenosynovitis of the extensor carpi radialis, suspected small tear of triangular fibrocartilage. MRI of lumbar spine from 4/22/13 revealed disc desiccations L5-S1. There is left sided disc protrusion at this level. Facet arthritic changes noted at L4-5 and L5-S1. Diagnoses: Chronic left shoulder, left knee pain following 12/1/08 injury. S/P left shoulder and left knee arthroscopies. Arthroscopic surgery of left knee on 3/22/12; multisystem problems following electrocution, 6/19/09, multiple TMJ surgeries, chronic headaches, jaw pains, ringing in the ear on the right side. Insomnia due to chronic pain, chronic wrist pain, and chronic low back pain Disputed Service(s): Norco 10/325 mg #60, Naproxen 550 mg #30 (30/60 previously certified) and Prilosec 20 mg #60 (#30/60 previously certified) dispensed on 10/3/14. The request for Naproxen meets MTUS as, for continued Norco use the following has been completed: an assessment to determine if the diagnosis has changed, determination of other medications being taken as well as effectiveness, other treatments attempted since opioids as well as effectiveness and length of time effectiveness lasted, pain and functional improvement has been documented, adverse effects have been documented and addressed and there is no indication of abuse or addiction. Also, MTUS states to continue opioids if the patient has improved functioning and pain, which the patient has. The injured worker has clearly received relief and increased in function due to the regimen of Norco and Zohydro. As indicated in the summary, the Zohydro replaced the Percocet as the injured worker was unable to get it filled and this has provided for the same level of pain control the injured worker was experiencing with the Norco and Percocet previously. Naproxen meets MTUS criteria as NSAIDs may be useful to treat breakthrough pain and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Per MTUS, Prilosec (omeprazole) 20 mg daily is recommended for patients at intermediate risk for GI events without cardiovascular disease therefore would meet criteria. The duration of medication dispensed is of concern, 60 day supply dispensed as opposed to a 30 day supply and injured worker is seen by provider on a monthly basis. Also, per the prior review, the reviewer was of the persuasion that the Zohydro was substituted for the Norco. This was not the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 88-89.

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of

these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.

**Retro Naproxen 550mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 67-68 & 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68.

**Decision rationale:** NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.

**Retro Prilosec 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 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 usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event and the request is not reasonable.