

<b>Case Number:</b>	CM15-0133839		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	05/21/2010
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53-year-old female who sustained an industrial injury on 5/21/10 in a fall onto her buttocks with a resident falling on top of her. She initially had no symptoms and then one hour later she developed low back, right hip, coccyx, right leg and pelvic pain. She was medically evaluated, x-rayed, given medications and topical, taken off work for here days and then released back to work with restrictions. X-rays of the low back and right hip showed strain in the low back. She complains of sharp lumbar spine pain with bilateral lower extremity pain with a pain level of 7/10; gastritis; constipation. He is able to perform activities of daily living. Medications were Ultracet, Miralax, Prilosec, Colace, and flurbiprofen / capsaicin / camphor / Menthol cream. Diagnoses include lumbar spine strain/ sprain with degenerative disc disease multilevel with L4-5 disc protrusions; right sacroiliitis; right hip sprain/ strain; coccydynia; gastritis; constipation due to chronic narcotic use for lumbar spine pain. Diagnostics were not provided. On 6/19/15, the treating provider requested Miralax oral powder #2 bottles with three refills; Prilosec 20 mg #30 with three refills; Ultracet 37.5 mg #60 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Miralax oral powder QD x 2 bottles 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 Constipation Page(s): 77.

**Decision rationale:** The patient presents on 06/19/15 with lumbar spine pain rated 7/10, which radiates into the bilateral lower extremities. The patient's date of injury is 05/21/10. Patient has no documented surgical history directed at this complaint. The request is for MIRALAX ORAL POWDER QD X 2 BOTTLES WITH 3 REFILLS. The RFA is dated 06/23/15. Progress note dated 06/16/15 does not include any physical examination findings, only a discussion of treatment plan and primary diagnoses. The patient is currently prescribed Ultracet, Miralax, Prilosec, Colace, and a compounded topical cream. Diagnostic imaging was not included. Per 06/19/15 progress note, patient is advised to return to work ASAP. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." About the requested MiraLax for the management of this patient's Opioid associated constipation, the medication is not necessary, as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use, though in this case the associated Ultracet is not supported for continued use owing to inadequate documentation of efficacy. Therefore, this request IS NOT medically necessary.

**Prilosec 20mg QD x 30 with 3 refills:** Overturned

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

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

**Decision rationale:** The patient presents on 06/19/15 with lumbar spine pain rated 7/10, which radiates into the bilateral lower extremities. The patient's date of injury is 05/21/10. Patient has no documented surgical history directed at this complaint. The request is for PRILOSEC 20MG QD X 30 WITH 3 REFILLS. The RFA is dated 06/23/15. Progress note dated 06/16/15 does not include any physical examination findings, only a discussion of treatment plan and primary diagnoses. The patient is currently prescribed Ultracet, Miralax, Prilosec, Colace, and a compounded topical cream. Diagnostic imaging was not included. Per 06/19/15 progress note, patient is advised to return to work ASAP. MTUS, Chronic Pain Medical Treatment Guidelines, 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." Regarding Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis." About the initiation of Prilosec, the request is appropriate. This appears to be the initiating prescription of Prilosec, as progress report dated 06/19/15 notes that this patient is being prescribed Prilosec for the management of chronic gastritis and acid reflux at the recommendation of a GI specialist. Utilization review partially certified this medication allowing for 1 refill, though a clear rationale for this decision is not provided. Given this patient's history of gastritis, a PPI such as Prilosec is an appropriate measure. Therefore, this

request IS medically necessary.

**Ultracet 37.5md BID x 60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 06/19/15 with lumbar spine pain rated 7/10, which radiates into the bilateral lower extremities. The patient's date of injury is 05/21/10. Patient has no documented surgical history directed at this complaint. The request is for ULTRACET 37.5MG BID X60 WITH 3 REFILLS. The RFA is dated 06/23/15. Progress note dated 06/16/15 does not include any physical examination findings, only a discussion of treatment plan and primary diagnoses. The patient is currently prescribed Ultracet, Miralax, Prilosec, Colace, and a compounded topical cream. Diagnostic imaging was not included. Per 06/19/15 progress note, patient is advised to return to work ASAP. MTUS Chronic Pain Medical Treatment Guidelines pages 88 - 89 under Opioids, long-term assessment 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. In regard to the request for Ultracet for this patient's chronic pain, the treater has not provided adequate documentation to substantiate continued use. It is not clear how long this patient has been prescribed Ultracet. Addressing efficacy, progress note dated 06/19/15 has the following: "Ultracet helpful for pain." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, a stated lack of aberrant behavior, and consistent urine drug screening. In this case, no such documentation is provided; therefore, the continued use of this medication cannot be substantiated. Owing to a lack of complete 4 A's documentation, the request IS NOT medically necessary.