

<b>Case Number:</b>	CM15-0144035		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Hawaii

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 52 year old male, who sustained an industrial injury on July 8, 2010. He reported low back pain with radiating pain to the bilateral lower extremities. The injured worker was diagnosed as having failed back surgery syndrome, lumbar vertebra retrolisthesis and anterolisthesis of the lumbar 2 on lumbar 3 with spine instability noted on X-ray, right lumbar radiculitis and sciatica, bilateral lumbar facet hypertrophy at lumbar 2-lumbar 3 (magnetic resonance imaging (MRI) confirmed) and chronic myofascial pain syndrome. Treatment to date has included diagnostic studies, surgical intervention of the back, epidural spinal injection, conservative care, physical therapy without benefit, acupuncture which increased symptoms, medications and work restrictions. Currently, the injured worker continues to report severe low back pain with radiating pain to the bilateral lower extremities and associated numbness and tingling shooting down the legs, worse on the right. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Cervical epidural steroid injection under anesthesia was performed on December 1, 2014. Evaluation on February 18, 2015, revealed constant severe low back pain with associated symptoms rated at 7-8 on a 1-10 scale with 10 being the worst. Straight leg raise was noted as 40-50 degrees on the right side and 50-60 degrees on the left side. Right sided stretch test was noted as strongly positive. Severe tenderness was noted in the lumbar spine. There was a well healed surgical scar of the lumbar spine noted with atrophy of the paraspinal muscles. It was noted he had 60-70% relief with previous epidural steroid injection. Right sided lumbar 5-sacral 1 transforaminal and caudal epidural steroid injection was discussed. Cervical spine fusion was performed on June 11, 2015. Evaluation on June 26, 2015, revealed continued pain but no complications secondary to surgery. It was noted he was treated with

Morphine 20 mg in the past but noted he required "several tablets per day to get good pain relief". It was noted he could participate in a functional rehabilitation program (FRP) in six more weeks. He reported currently taking six Norco tablets per day with pain relief lasting 4 hours with each dose. Morphine ER 30 mg, two times daily was prescribed. He reported constipation and heartburn and had a past medical history of gastroesophageal reflux disease (GERD). Protonix and a laxative were continued. Morphine Sulfate ER 30mg #60 and Pantoprazole 20mg #60 were requested.

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

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

#### **Morphine Sulfate ER 30mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 7496.

**Decision rationale:** The patient presents with low back pain with lower extremity symptoms. The patient is status post C5-7 fusion from 06/11/2015. The current request is for Morphine Sulfate ER 30 mg #60. The treating physician's report dated 06/26/2015 notes that the patient is taking Norco 10/325mg 6 times per day. The pain relief lasts 4 hours after each dose. In this same report, it was also documented, "He did take morphine sulfate in the past but he states that he was on a low strength (about 20mg) and he had to take several tablets per day to get good pain relief". The physician would like to change his medication to an extended release medication to get greater duration of pain relief. The patient's work status was not made available. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The MTUS page 8 on chronic pain also states, "If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities". In this case, the physician believes that the patient is not getting sufficient pain relief with Norco and would like to switch to Morphine. The patient has previously utilized Morphine with good pain relief and no reported side effects. The MTUS page 8 considers the use of other treatment modalities when the patient's progress is unsatisfactory. The current request is medically necessary.

#### **Pantoprazole 20mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** The patient presents with low back pain with lower extremity symptoms. The patient is status post C5-7 fusion from 06/11/2015. The current request is for Pantoprazole 20 mg #60. The treating physician's report dated 06/26/2015 states, "Patient complaints of constipation and heartburn but denies nausea, abdominal pain". The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions". MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI". Medical records show that the patient has a history of gastroesophageal reflux disease and heart burn. The patient is currently using Anaprox for pain relief. The physician also noted, "The patient does find Protonix to be helpful". In this case, the MTUS Guidelines support the use of PPIs for patients with documented gastrointestinal issues and events. The current request is medically necessary.