

<b>Case Number:</b>	CM15-0165804		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	03/27/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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  
 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 (IW) is a 32 year old male who sustained an industrial injury on 03/27/2014. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbosacral spondylosis, spinal lumbar stenosis, sprains and strains of the neck, and sprain-strain thoracic region. Treatment to date has included medications of Norco for pain and Naproxen for pain and inflammation. Diagnostic studies of electromyogram-nerve conduction study were inconclusive (08-05-2014) as the worker was unable to tolerate the electromyogram part of the study. A MRI lumbar spine (04-25-2014) was done. He also has approval of 12 sessions of chiropractic care, which he has yet to start. Currently, the injured worker complains of chronic low back pain radiating to the right lower extremity that flared-up recently. Norco and Naproxen provide a 50% reduction in pain allowing him to sit and stand for longer as well as perform his activities of daily living. He does state that the Norco is not as effective in relieving his pain as it was previously and is requesting something stronger. Gabapentin decreases the numbness and tingling in his leg. He also reports improvement in spasm in his back and the use of Flexeril as needed. He denies side effects from the medications. A request for authorization was submitted for: 1. 1 Prescription of Gabapentin 300mg #90. 2. 1 Prescription of Medrol 4mg Dosepak #1. 3. 1 Prescription of Naproxen Sodium-Anaprox 550mg #90. 4. 1 Prescription of Hydrocodone/APAP 10/325mg #90. A utilization review decision (08-05-2015) non-certified the prescription of Medrol 4mg Dosepak #1 due to no documentation of a specific diagnosis in which oral corticosteroids are recommended for pain. The utilization reviewer modified the

Naproxen Sodium-Anaprox 550 mg #90 to Naproxen Sodium-Anaprox 550 mg #60 between 07/22/2015 and 10/02/2015 due to the recommended dosage being 250-500 mg twice daily. The reviewer modified the prospective request for 1 prescription of Hydrocodone-APAP 10-325 mg #90 to certification of 1 prescription of Hydrocodone-APAP 10-325 mg #44 between 07/22/2015 and 10/02/2015 for the purposes of weaning.

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

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

### **1 Prescription of Medrol 4mg dosepak #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Oral Corticosteroids.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with increased low back pain with radiation/burning/numbness/tingling along lateral aspect of right thigh, rated 9/10 on VAS scale that lowers to 6/10 with medications. The treater has asked for 1 prescription of Medrol 4mg dosepak #1 on 7/22/15. The request for authorization was not included in provided reports. The patient is s/p an episode where his back "went out" on him yesterday when he was bending to pick something up, and felt a sharp pain and jarring motion in his spine per 7/22/15 report. The patient is s/p acupuncture and physical therapy without benefit per 7/22/15 report. The patient takes Norco and Naproxen, which provide 50% decrease in his pain level per 7/22/15 report. However, the Norco is not as effective in relieving pain as it was previously and is requesting something stronger per 7/22/15 report. The patient does not have a remarkable surgical history per 7/22/15 report. The patient is s/p inconclusive EMG/NCS of bilateral lower extremities dated 8/5/14 per 7/22/15 report. The patient is on work restrictions as of 7/22/15 report. ODG Guidelines, Pain Chapter, under Oral Corticosteroids: Not recommended for chronic pain, except for Polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. See the Low Back Chapter, where they are recommended in limited circumstances for acute radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. And Medrol (methylprednisolone) tablets are not approved for pain. (FDA, 2013) Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). In this study a clinical and biochemical remission of PMR was observed in 100% of the patients on methylprednisolone and in 89 % of the patients on prednisone. In regard to the request for a Medrol Dosepak, this patient does not meet guideline criteria for oral corticosteroid therapy. Progress notes indicate that this patient presents with lumbar disc displacement without myelopathy, lumbosacral spondylosis, spinal lumbar stenosis, sprains and strains of the neck, and sprain-strain thoracic region. Guidelines only support medications of this class for Polymyalgia Rheumatica, and specifically indicate that Corticosteroids are not considered appropriate for chronic pain complaints owing to the risk of

serious adverse events. Given the lack of evidence indicating a condition for which the use of oral corticosteroids are considered appropriate, the request cannot be substantiated. The request is not medically necessary.

### **1 Prescription of Naproxen Sodium-Anaprox 550mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Medications for chronic pain.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with increased low back pain with radiation/burning/numbness/tingling along lateral aspect of right thigh, rated 9/10 on VAS scale that lowers to 6/10 with medications. The treater has asked for 1 prescription of Naproxen Sodium-Anaprox 550mg #90 on 7/22/15. The request for authorization was not included in provided reports. The patient is s/p an episode where his back "went out" on him yesterday when he was bending to pick something up, and felt a sharp pain and jarring motion in his spine per 7/22/15 report. The patient is s/p acupuncture and physical therapy without benefit per 7/22/15 report. The patient takes Norco and Naproxen, which provide 50% decrease in his pain level per 7/22/15 report. However, the Norco is not as effective in relieving pain as it was previously and is requesting something stronger per 7/22/15 report. The patient does not have a remarkable surgical history per 7/22/15 report. The patient is s/p inconclusive EMG/NCS of bilateral lower extremities dated 8/5/14 per 7/22/15 report. The patient is on work restrictions as of 7/22/15 report. MTUS Anti-inflammatory medications section, pg 22: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. In this case, the patient is currently taking Naproxen as of 7/22/15 report, but it is not clear when this medication was initiated. In progress report dated 7/22/15 the treater states that Naproxen along with Norco reduces pain by 50% and enables patient to perform activities of daily living. Utilization review letter dated 8/5/15 modifies request to 30 tabs, as patient will be re-evaluated in 30 days. However, progress report dated 7/22/15 states "Naproxen: Take 1 every 12 hours with food". We will also refill Naproxen without change". MTUS, page 60, requires documentation of efficacy in terms of reduction in pain and improvement in function for all pain medication. Given the documentation of efficacy of Naproxen, the request is medically necessary.

### **1 Prescription of Hydrocodone/APAP 10/325mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment.

**Decision rationale:** Based on the 7/22/15 progress report provided by the treating physician, this patient presents with increased low back pain with radiation/burning/numbness/tingling along lateral aspect of right thigh, rated 9/10 on VAS scale that lowers to 6/10 with medications. The treater has asked for 1 prescription of Hydrocodone/APAP 10/325mg #90 on 7/22/15. The request for authorization was not included in provided reports. The patient is s/p an episode where his back "went out" on him yesterday when he was bending to pick something up, and felt a sharp pain and jarring motion in his spine per 7/22/15 report. The patient is s/p acupuncture and physical therapy without benefit per 7/22/15 report. The patient takes Norco and Naproxen, which provide 50% decrease in his pain level per 7/22/15 report. However, the Norco is not as effective in relieving pain as it was previously and is requesting something stronger per 7/22/15 report. The patient does not have a remarkable surgical history per 7/22/15 report. The patient is s/p inconclusive EMG/NCS of bilateral lower extremities dated 8/5/14 per 7/22/15 report. The patient is on work restrictions as of 7/22/15 report. MTUS, Opioids, Longer Term Assessment Section, Pages 88-89: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Opioids, Criteria for Use Section, Page 78: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking 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. (Passik, 2000) MTUS, Opioids for Chronic Pain section, pg 80: "Chronic Back Pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited". MTUS, Opioids for Chronic Pain section, pg 81: "Nociceptive Pain: Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." Patient is currently taking Norco as of 7/22/15 but as only a single progress report was included in documentation, it is not known when the medication was initiated. Utilization review letter dated 8/5/15 states that prior reviews have questioned use of Norco as early as July 2014, and that the patient is currently weaning off Norco. Utilization review letter dated 8/5/15 modifies request from #90 to #44. The patient currently takes Norco and Naproxen, which provide 50%

decrease in his pain level per 7/22/15 report. Current medications including Norco enable patient to walk and sit for longer periods per 7/22/15 report. The treater states that they will wait to see if upcoming chiropractic treatment will improve pain, and states to "refill Norco without change". A UDS from previous visit of unspecified date was consistent per 7/22/15 report. However, MTUS pg. 80 states the following regarding opiate use for chronic low back pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited". Long-term use of opiates may be indicated for nociceptive pain in certain situations as MTUS pg. 81 states: "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)". However, this patient does not present with pain that is presumed to be maintained by continual injury resulting in nociceptive pain. Long-term use of opiates is not supported for chronic low back pain. The request is not medically necessary.