

<b>Case Number:</b>	CM15-0183177		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 61 year old male with an industrial injury dated 04-24-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical myoligamentous injury, lumbar degenerative disc disease with severe central and bilateral neural foraminal stenosis, bilateral lower extremity radiculopathy with neurogenic claudication, obesity and medication induced gastritis and constipation. Medical records (07-16-2015 to 08-18-2015) indicate debilitating back pain with radicular symptoms in the lower extremities and neurogenic claudication, left greater than right. Current medications include Norco, MS Contin, Prilosec, Celexa, Atenolol, and Anaprox. Pain level visual analog scale (VAS) was not included in report on 07-16-2015 and 08-18-2015. Objective findings (07-16-2015 to 08-18-2015) revealed mild distress, stiff antalgic wide base gait, tenderness to palpitation of bilateral lumbar spine with increased rigidity and decreased range of motion with obvious muscle guarding. Physical exam also revealed decreased sensation along the anterior lateral thighs and medial calves bilaterally and positive bilateral straight leg raises. Lumbar spine Magnetic Resonance Imaging (MRI) on 5-14-2015 revealed advance multilevel lumbar spondylosis from T12-S1 with a grade I spondylolisthesis at L4-5, levoscoliosis, and multilevel foraminal stenosis and spinal stenosis at L4-5. Lower extremity Electromyography (EMG) and Nerve conduction velocity (NCV) on 4-22-2015 revealed an acute L5 radiculopathy. Treatment has included diagnostic studies, physical therapy, trial spinal cord stimulator in 2009 with 80 % relief, permanent spinal cord stimulator that was removed due to ineffectiveness, prescribed medications, multiple epidural steroid injection (ESI) with short term relief and periodic follow up visits. The treatment plan included

trial of lumbar spinal cord stimulator, medication management, physical therapy and follow up visit. Medical records indicate that the injured worker has been on Anaprox, Prilosec and Norco since at least April of 2015. Urine drug screen performed on 08-18-2015 was consistent for prescribed medications. Request for authorization dated July 16, 2015, included requests for Anaprox DS 550mg quantity 60, Prilosec 20mg quantity 60 and Norco 10-325mg quantity 60. The utilization review dated 08-27-2015, modified the request for Anaprox DS 550mg quantity 30(original: 60), Prilosec 20mg quantity 30(original: 60) and Norco 10-325mg quantity 30(original: 60).

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

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

#### **Anaprox DS 550mg quantity 60: 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): NSAIDs (non-steriodal anti-inflammatory drugs).

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.

#### **Prilosec 20mg quantity 60: 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** In the treatment of dyspepsia secondary to NSAID therapy, the MTUS recommends stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a PPI. The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which

the patient is at risk for gastrointestinal events including: (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). CPMTG guidelines further specify. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007) As there is no documentation of peptic ulcer, GI bleeding or perforation, or cardiovascular disease in the records available for my review, the injured worker's risk for gastrointestinal events is low, as such, the request is not medically necessary.

**Norco 10/325mg quantity 60:** 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): Opioids, criteria for use.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "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 any 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." Review of the available medical records reveals no documentation to support the medical necessity of norco nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The medical records indicate that ongoing UDS were performed routinely and were consistent for opiate use, however, no UDS reports were available for review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, the request is not medically necessary.