

<b>Case Number:</b>	CM15-0198488		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/28/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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:

This injured worker is a 36 year old male, who sustained an industrial injury on 06-28-2012. The injured worker was diagnosed as having degenerative disc disease, myofascial pain and lumbosacral radiculopathy S1. On medical records dated 08-25-2015, the subjective complaints were noted as back pain. Objective findings were noted as intrascapular region was painful. Extension and flexion was noted as painful. Pain was denied to palpation of the back diffusely. The injured worker was noted to be in constant throbbing, aching pain over the sacrum on the left at about S3. Pain was noted to go into the left groin, left leg and left Achilles tendon. A new aching pain in upper back and neck for the past 3 weeks was noted with shooting pain in both upper extremities. Pain was noted to be a 6-7 out of 10 with medicating and 8-9 out of 10 without medication. Treatments to date included chiropractic therapy, physical therapy, acupuncture and epidural injections and medication. The injured worker was noted to be not working. Current medications were listed as Percocet, Gabapentin, Motrin, Prilosec, Flexeril, inhaled Cannabis and Zofran. The injured worker was noted to have a 70 % relief from Percocet. The injured worker was noted to be taking Percocet, Flexeril and Prilosec since at least 12-2014. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization was dated 09-03-2015. The UR submitted for this medical review indicated that the request for Oxycodone/APAP (Percocet) 10/325mg BID #60, Cyclobenzaprine (Flexeril) 10mg BID #60 and Omeprazole (Prilosec) 20mg DR BID #60 with 2 refills was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone/APAP (Percocet) 10/325mg BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**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.

**Decision rationale:** Based on 08/25/15 progress report, the patient presents with back pain. The request is for OXYCODONE/APAP (PERCOCET) 10/325MG BID #60. The request for authorization is dated 09/02/15. Patient's diagnoses include herniated disc; ulcer; depression; dementia; anxiety disorder. Physical examination reveals palpation of the interscapular region is painful. Patient denied that the back was painful to palpation diffusely. Patient stated extension and flexion was painful. Sensation was decreased to pinprick in the dorsal aspect of the left foot. He completed 6/6 chiropractic visits. He states had EMG/NCS but the test was cancelled shortly into the test as the patient did not tolerate it. Patient has tried physical therapy, acupuncture, and epidural injections. He reports 70% relief from the Percocet. He states that with the opioids, he is able to take his child to the pool and he can walk around the park. There are no signs of abuse or diversion. He denies side effects. Patient's medications include Ibuprofen, Ondansetron, Omeprazole, Oxycodone, Marijuana, Gabapentin, and Cyclobenzaprine. Per progress report dated 08/25/15, the patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "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." MTUS p80, 81 states regarding 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." Per progress report dated 08/25/15, treater's reason for the request is "to allow him with improve pain relief and function." Review of provided medical records show the patient was prescribed Percocet on 01/06/15. MTUS requires appropriate discussion of the 4A's, and treater does discuss how Percocet significantly improves patient's activities of daily living with specific examples. Analgesia is discussed, specifically showing significant pain reduction with use of Percocet. There is discussion regarding adverse effects aberrant drug behavior. A UDS dated 06/24/15 and CURES report dated 08/25/15 are documented. However, long-term use of opiates may be indicated for nociceptive pain as it is "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)." In this case, this patient does not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

**Cyclobenzaprine (Flexeril) 10mg BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Based on 08/25/15 progress report, the patient presents with back pain. The request is for CYCLOBENZAPRINE (FLEXERIL) 10MG BID #60. The request for authorization is dated 09/02/15. Patient's diagnoses include herniated disc; ulcer; depression; dementia; anxiety disorder. Physical examination reveals palpation of the interscapular region is painful. Patient denied that the back was painful to palpation diffusely. Patient stated extension and flexion was painful. Sensation was decreased to pinprick in the dorsal aspect of the left foot. He completed 6/6 chiropractic visits. He states had EMG/NCS but the test was cancelled shortly into the test as the patient did not tolerate it. Patient has tried physical therapy, acupuncture, and epidural injections. He reports 70% relief from the Percocet. He states that with the opioids, he is able to take his child to the pool and he can walk around the park. There are no signs of abuse or diversion. He denies side effects. Patient's medications include Ibuprofen, Ondansetron, Omeprazole, Oxycodone, Marijuana, Gabapentin, and Cyclobenzaprine. Per progress report dated 08/25/15, the patient is not working. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. Amitriptyline)." This medication is not recommended to be used for longer than 2-3 weeks. Per progress report dated 08/25/15, treater's reason for the request is "it helps him with tense muscles at bedtime." Review of provided medical records show the patient was prescribed Flexeril on 01/06/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril #60 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Omeprazole (Prilosec) 20mg DR BID #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on 08/25/15 progress report, the patient presents with back pain. The request is for OMEPRAZOLE (PRILOSEC) 20MG DR BID #60 WITH 2 REFILLS. The request for authorization is dated 09/02/15. Patient's diagnoses include herniated disc; ulcer; depression; dementia; anxiety disorder. Physical examination reveals palpation of the interscapular region is painful. Patient denied that the back was painful to palpation diffusely. Patient stated extension and flexion was painful. Sensation was decreased to pinprick in the dorsal aspect of the left foot. He completed 6/6 chiropractic visits. He states had EMG/NCS but the test was cancelled shortly into the test as the patient did not tolerate it. Patient has tried physical therapy, acupuncture, and epidural injections. He reports 70% relief from the Percocet. He states that with the opioids, he is able to take his child to the pool and he can walk around the park. There are no signs of abuse or diversion. He denies side effects. Patient's medications include Ibuprofen, Ondansetron,

Omeprazole, Oxycodone, Marijuana, Gabapentin, and Cyclobenzaprine. Per progress report dated 08/25/15, the patient is not working. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2- receptor antagonists or a PPI." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Prilosec on 01/06/15. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing, what gastric complaints there are, and why the patient need to continue taking it. Therefore, given the lack of documentation, the request IS NOT medically necessary.