

<b>Case Number:</b>	CM15-0026562		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/31/1991
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 66 year old female, who sustained an industrial injury on 7/31/1991. She has reported back and neck pain after a fall. The diagnoses have included post laminectomy syndrome, cervical and lumbar, degenerative disc disease, cervical and lumbar spines, and sacroiliac joint pain. She is status post cervical fusion 1990's, lumbar fusion, and multiple rhizotomies. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) with a history of use causing gastritis, physical therapy, and analgesics. Currently, the IW complains of chronic neck and back pain. Physical examination from 1/8/15 documented pain with Range of Motion (ROM) of cervical spine, tenderness diffusely over cervical paraspinal muscles. The plan of care included continuation of medications. On 1/20/2015 Utilization Review non-certified Nexium 40mg #30 with three refills, Norco 10/325mg #120, Percocet 10/325mg and Trazodone 50mg #60 with two refills, noting the documentation did not support that the guidelines had been met. The MTUS Guidelines were cited. On 2/11/2015, the injured worker submitted an application for IMR for review of Nexium 40mg #30 with three refills, Norco 10/325mg #120, Percocet 10/325mg and Trazodone 50mg #60 with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 40mg quantity 30 with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for NEXIUM 40 MG QUANTITIES 30 WITH 3 REFILLS. There is no Request for Authorization (RFA) provided in the medical file. MTUS Guidelines page 60 and 69 states that PPI is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS 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 antagonist or a PPI. This patient has been utilizing Nexium since at least 2/7/14. The treating physician appealed the request stating that Nexium is prescribed as the patient has a history of gastritis likely due to NSAIDs use. Progress reports from 2/7/14 through 12/10/14 were reviewed. The patient is not reported be at risk for GI events that would allow for use of Nexium on a prophylactic basis, and there are no reports that show the patient is taking NSAIDs or has dyspepsia or GERD, heartburn or ulcer that would require Nexium as a treatment. The request for Nexium IS NOT medically necessary.

**Norco 10/325mg quantity 120:** Overturned

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for NORCO 10/325MG QUANTITY 120. There is no Request for Authorization (RFA) provided in the medical file. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing this medication since at least 2/7/14. Progress report dated 5/21/14 states that the patient is taking Norco during the day and Percocet at night. It was noted that medications are stably prescribed by [REDACTED] for many years. She is receiving medications from one provider and is taking medications as prescribed with no concern for diversion or misuse. Report 2/7/14 states that with medications the patient is able to sit for 30 minutes, walk about a quarter mile and manage light to medium weights. Report dated 12/10/14 states that a urine drug screen will be obtained. The treating physician has provided

adequate documentation addressing the 4A's as required by MTUS for opiate management. This request IS medically necessary.

**Percocet 10/325mg; quantity not indicated:** Overturned

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

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

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for PERCOCET 10/325MG QUANTITY NOT INDICATED. There is no Request for Authorization (RFA) provided in the medical file. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument. The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. This patient has been utilizing this medication since at least 2/7/14. Progress report dated 5/21/14 states that the patient is taking Norco during the day and Percocet at night. It was noted that medications are stably prescribed by [REDACTED] for many years. She is receiving medications from one provider and is taking medications as prescribed with no concern for diversion or misuse. Report 2/7/14 states that with medications the patient is able to sit for 30 minutes, walk about a quarter mile and manage light to medium weights. Report dated 12/10/14 states that a urine drug screen will be obtained. The treating physician has provided adequate documentation addressing the 4A's as required by MTUS for opiate management. This request IS medically necessary.

**Trazodone 50mg quantity 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines mental illness and stress chapter has the following regarding Trazodone.

**Decision rationale:** This patient presents with chronic neck and low back pain. The current request is for TRAZODONE 50MG QUANTITY 60 WIL 2 REFILLS. There is no Request for Authorization (RFA) provided in the medical file. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone, recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The patient has been utilizing Trazodone at night since at least 5/21/14. It would appear that this

medication is being prescribed for sleep disturbances. It is not clearly documented in any recent medical reports. ODG allows the use of Trazodone as an option for patients that suffer from insomnia with coexisting depression. There are no psychiatric symptoms described; therefore, the continued use of Trazodone cannot be supported. This request IS NOT medically necessary.