

<b>Case Number:</b>	CM15-0214900		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	12/29/1997
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 44 year old male who sustained an industrial injury on 12-29-1997. According to a progress report dated 09-16-2015, the injured worker reported ongoing chronic neck pain that radiated down the left upper extremity and was accompanied by tingling and numbness frequently in the left upper extremity to the level of the fingers. He reported muscle spasms in the neck area. He had moderate difficulty with sleep. Low back pain was constant and radiated down the right lower extremity. Pain was accompanied by numbness and tingling occasionally in the right lower extremity to the level of the toes. He also reported pain in the left wrist, hand and fingers described as sharp, aching and moderate. Ongoing severe frontal headaches were noted. Pain was rated 8-9 out of 10 in intensity on average with medications since the last visit and 9-10 on average without medications. Pain had worsened since the last visit. Limitation in activities of daily living such as ambulation, hand function, sleep and sex were noted. Diagnoses included chronic pain other, cervical radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, headaches, gastroesophageal reflux disorder, medication related dyspepsia, and status post left shoulder arthroscopy. The injured worker was currently not working. An authorization request dated 09-28-2015 was submitted for review. The requested services included bilateral C5-6 cervical epidural under fluoroscopy, Hydrocodone 10-325 mg #150, Protonix DR 20 mg #60, Zanaflex 4 mg #60 and Topiramate 50 mg #30. Documentation shows use of Hydrocodone, Protonix and muscle relaxants dating back to January 2015. Use of Zanaflex dated back to April 2015. Urine toxicology reports were not submitted for review. On 10-08-2015, Utilization Review non-certified the request for

Hydrocodone 10-325 mg, 1-2 tablets by mouth every 4-6 hours, quantity 150 refills: not specified, Protonix DR 20 mg, twice a day, quantity 60 refills: 1, Zanaflex 4 mg, take 1 tablet by mouth every 12 hours as needed, quantity 60 refills: 1. The request for Topiramate 50 mg, take 1 tablet by mouth at bedtime, quantity 30 refills: 1 was authorized.

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

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

**Hydrocodone 10/325mg, 1-2 tablets by mouth every 4-6 hours, qty: 150 refills: not specified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1997 injury without acute flare, new injury, or progressive neurological deterioration. The Hydrocodone 10/325mg, 1-2 tablets by mouth every 4-6 hours, qty: 150 refills: not specified is not medically necessary and appropriate.

**Protonix DR 20mg, twice a day, qty: 60 refills: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The Protonix DR 20mg, twice a day, qty: 60 refills: 1 is not medically necessary and appropriate.

**Zanaflex 4mg, take 1 tablet by mouth every 12 hours as needed, qty: 60 refills: 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 (ODG).

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

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 1997 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex 4mg, take 1 tablet by mouth every 12 hours as needed, qty: 60 refills: 1 is not medically necessary and appropriate.