

<b>Case Number:</b>	CM15-0094506		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	06/18/2012
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 50 year old male, who sustained an industrial injury on 06/18/2012. He was lifting heavy molds weighing over 80 pounds and moving them from one container to another when he began to complain of pain in his lower back and groin. He was diagnosed with having a left inguinal hernia. On 07/10/2012, the injured worker sustained a second injury when he sustained a laceration to his leg on 09/19/2012; the injured worker underwent left hernia surgery. Treatment to date has included hernia repair, MRI of the lumbar spine, medications, electrodiagnostic studies, chiropractic care and physical therapy. The injured worker was authorized to undergo an epidural steroid injection but he declined since he was still recovering from hernia surgery. According to a progress report dated 04/01/2015, the injured worker rated his low back pain 7 on a scale of 0-10. He requested trigger point injections. Due to his ongoing pain, he had been sleeping poorly at night. Medication regimen included Anaprox, Prilosec, Doral and Ultracet. The provider noted that the injured worker did develop medication induced gastritis symptoms. Doral enabled him to sleep between 5-6 hours at night. He relied mostly on Ultracet which he took twice a day and reported 40 to 50 percent benefit after taking and lasted 4-5 hours. A urine sample was collected and was qualitatively negative for opiates which were noted as consistent with his medical regimen. Assessment included lumbar myofascial injury with bilateral lower extremities radicular symptoms, right knee internal derangement, status post left inguinal hernia repair, status post right inguinal hernia repair, reactionary depression and gastritis and medication-induced gastritis. The treatment plan included a fluoroscopically guided diagnostic transforaminal epidural steroid injection at L5-S1, trigger point injections, Ultracet, Prilosec, Anaprox and Doral, physical therapy, follow up with a clinical psychologist and TENS unit. The provider noted that the injured worker was determined

to have chronic myofascial pain in the posterior lumbar musculature which medical management therapies such as ongoing stretching, exercises, physical therapy, non-steroidal anti-inflammatory and muscle relaxants had failed to control. Currently under review is the request for Ultracet, Anaprox, Prilosec and Doral.

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

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

**Ultracet 37.5/325mg quantity: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-78, 68 and 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids, Tramadol (Ultram) Page(s): 76-78, 88, 89 and 113.

**Decision rationale:** The patient presents with low back pain. The request is for Ultracet 37.5/325mg Quantity 60. Patient is status post multiple inguinal hernia repair surgeries, the latest on 10/29/13. Physical examination to the lumbar spine on 04/01/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally. Range of motion was decreased in all planes. Per 05/06/15 progress report, patient's diagnosis include lumbar myofascial injury with bilateral lower extremities radicular symptoms, right knee internal derangement, s/p left inguinal hernia repair September 9, 2012, s/p right inguinal hernia repair October 29, 2013, reactionary depression and anxiety, medication induced gastritis, and left knee sprain/strain secondary to overcompensation. Patient's medications, per 04/01/15 progress report include Ultracet, Prilosec, and Anaprox. Patient is temporarily totally disabled. MTUS Guidelines 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 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 Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Provider does not discuss this request. Patient has received prescriptions for Ultracet from 02/13/15 and 05/06/15. In this case, provider has not discussed how Ultracet decreases pain and significantly improves patient's activities of daily living. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No UDS, CURES or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Anaprox DS 550mg quantity: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67 and 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8 and 9.

**Decision rationale:** The patient presents with low back pain. The request is for Anaprox DS 550mg Quantity 60. Patient is status post multiple inguinal hernia repair surgeries, the latest on 10/29/13. Physical examination to the lumbar spine o 04/01/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally. Range of motion was decreased in all planes. Per 05/06/15 progress report, patient's diagnosis include lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement, s/p left inguinal hernia repair September 9, 2012, s/p right inguinal hernia repair October 29, 2013, reactionary depression and anxiety, medication induced gastritis, and left knee sprain/strain secondary to overcompensation. Patient's medications, per 04/01/15 progress report include Ultracet, Prilosec, and Anaprox. Patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 22 for Anti-inflammatory medications states: Anti-inflammatory 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 non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, page 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Provider does not discuss this request. Patient has received prescriptions for Anaprox from 02/13/15 and 05/06/15. In this case, the provider has not provided adequate documentation of medication efficacy and functional improvement. MTUS guidelines require documentation of medication efficacy to continue use. Given the lack of documentation, as required by the guidelines, the request is not medically necessary.

**Prilosec 20mg quantity: 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 68 and 69.

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

**Decision rationale:** The patient presents with low back pain. The request is for Prilosec 20mg Quantity 60. Patient is status post multiple inguinal hernia repair surgeries, the latest on 10/29/13. Physical examination to the lumbar spine o 04/01/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally. Range of motion was decreased in all planes. Per 05/06/15 progress report, patient's diagnosis include lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement, s/p left inguinal

hernia repair September 9, 2012, s/p right inguinal hernia repair October 29, 2013, reactionary depression and anxiety, medication induced gastritis, and left knee sprain/strain secondary to overcompensation. Patient's medications, per 04/01/15 progress report include Ultracet, Prilosec, and Anaprox. Patient is temporarily totally disabled. MTUS page 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." Provider does not discuss this request. Patient's diagnosis include gastritis induced by medication and has been prescribed Prilosec from 02/13/15 and 05/06/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. MTUS also allows the use of PPI for dyspepsia secondary to NSAID therapy. Given the patient's stomach issues, the request is medically necessary.

**Doral 15mg quantity: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain (chronic) Chapter, Benzodiazepine.

**Decision rationale:** The patient presents with low back pain. The request is for Doral 15mg Quantity 30. Patient is status post multiple inguinal hernia repair surgeries, the latest on 10/29/13. Physical examination to the lumbar spine 04/01/15 revealed tenderness to palpation to the posterior lumbar musculature bilaterally. Range of motion was decreased in all planes. Per 05/06/15 progress report, patient's diagnosis include lumbar myoligamentous injury with bilateral lower extremities radicular symptoms, right knee internal derangement, s/p left inguinal hernia repair September 9, 2012, s/p right inguinal hernia repair October 29, 2013, reactionary depression and anxiety, medication induced gastritis, and left knee sprain/strain secondary to overcompensation. Patient's medications, per 04/01/15 progress report include Ultracet, Prilosec, and Anaprox. Patient is temporarily totally disabled. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long- term use because long-term efficacies are unproven and there is a risk of dependence." Provider has not discussed this request. Patient has received prescriptions for this medication from 02/13/15 and 05/06/15. ODG guidelines limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. In this case, the request for additional Doral #30 would exceed ODG guidelines, and does not indicate intended short-term use. Therefore, the request is not medically necessary.