MAXIMUS Federal Services

| Case Number: | CM14-0161271 | | |
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| Date Assigned: | 10/06/2014 | Date of Injury: | 10/16/1992 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/24/2014 |
| Priority: | Standard | Application Received: | 10/01/2014 |

## 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. The expert reviewer is Board Certified in Occupational Medicine; and is licensed to practice in Iowa. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

## 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 patient is a 63 year-old female with a date of injury of 10/16/1992.A review of the medical documentation indicates that the patient is undergoing treatment for chronic low back pain. Subjective complaints (9/12/2014) include low back pain, right lower extremity pain, right hand pain, tingling and numbness of fingers, and unspecified weakness; pain is globally rated as 5-9/10 and is aggravated by sitting, standing, and walking. Objective findings (9/12/2014) include diffuse tenderness and decreased range of motion in the cervical and lumbar areas, positive straight leg test on right side, right ankle weakness. Diagnoses include facet arthropathy, sacroiliac joint dysfuction, lumbar radiculopathy, lumbar degenerative disc disease, arthritis, cervical discogenic spine pain, and myofascial pain syndrome. The patient has undergone multiple imaging studies including CT and MRI of lumbar spine, detailed records are not available but summaries indicate lumbar spinal canal stenosis and neural foraminal narrowings. The patient has previously undergone lumbar spine surgery in 2005 and multiple injection treatments. A utilization review dated 9/29/2014 did not certify the request for toxicology screen, Percocet 10/325 40 mg #90, Omeprazole 20 mg #30, Cyclobenzaprine 10 mg #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tox screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Criteria for use of Urine Drug Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids and Substance abuse, page(s) Page(s): 74-96;1. Decision based on Non-MTUS Citation ODG Guidelines: Use of Urine Drug Testing University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 32 Established Patients Using a Controlled Substance

**Decision rationale:** According to MTUS guidelines, urine drug screening should be considered before therapeutic trial of opioids is initiated to assess the use of illegal drugs. Additional indications for screening include screening for inpatient treatment with issues of abuse, addiction, or poor pain control and documentation of misuse of medications such as doctor shopping, uncontrolled drug escalation, and drug diversion. ODG guidelines recommend drug screening prior to initiation of opioid use, with frequency based on documented evidence of risk stratification. Recommended frequency for low risk patients is at initiation and yearly after, moderate risk is 2-3 times per year, and high risk is once per month. Michigan pain guidelines also recommend testing twice per year. There is no documentation to suggest abuse or addiction, and there is no risk stratification or explanation for the frequency of urine screens. Records indicate the patient has undergone urine drug screens in July and Sep 2014 with predictable results (positive only for prescribed medication), and there is no indication for why this frequency of testing is necessary. Therefore, the request for Toxicology screen is not medically necessary.

**Percocet 10/325mg 1 every 4-6 hours as needed max 3/d #90 x 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): page(s) 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** Percocet is an opioid class pain medication (oxycodone) combined with acetaminophen. According to MTUS chronic pain guidelines, opioids should be used on a trial basis after failure of first-line therapies and re-evaluated regularly. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate use, and side effects. Satisfactory response to treatment should be indicated including decreased pain, increased functional status, or improved quality of life. ODG guidelines do not recommend use of opioids for low back pain except in short use for severe cases, not to exceed two weeks. The patient appears to have been on this medication for at least several months, which is in excess of what would be considered short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement or documented trials and failures of first line therapies. While the documentation does state that the patient is doing well on the current regimen, the patient continues to have frequent severe pain and decreased functional status. Therefore, the request for Percocet 10/325 mg #90 is not medically necessary.

**Omeprazole CPDR 20mg 1 once a day #30 x0:** Upheld

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

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

**Decision rationale:** MTUS guidelines state that medications for GI symptoms are recommended if the patient is at risk for gastrointestinal events. Risk factors include (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. Patients who are at intermediate risk for gastrointestinal events and no cardiovascular disease may be indicated for (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 significant side effects including increased risk of hip fracture. The medical documentation does not provide documented history of GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors. The treating physician does not mention the indication for the medication other than to provide refills. Therefore, the request for Omeprazole 20 mg #30 is not medically necessary.

**Cyclobenzaprine 10mg 1 3 times a day #90 x 0:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics, Page(s): page 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (FlexerilÂ®) Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril

**Decision rationale:** According to MTUS guidelines, cyclobenzaprine is recommended as an option for chronic pain only for a short course of therapy, with the greatest effect seen in the first 4 days of treatment, and that shorter courses shoe the greatest effect. The guidelines also state 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. General recommendations for pain medication include a short trial of therapy along with a record of improved pain and function before long term therapy is pursued. ODG guidelines also state that this medication is recommended only for a short course of therapy, and the addition to other medications is not recommended. Up-to-date recommends use of cyclobenzaprine to be limited to 2-3 weeks. The patient appears to have been on this medication for at least several months, which is in excess of what would be considered

short-term therapy. The treating physician has not provided rationale for the extended use of this medication, and the medical documentation does not contain evidence of functional improvement. The patient is also on other pain medication, which is recommended against. The documentation does state that the patient is doing well on the current regimen, but the patient continues to have frequent severe pain and decreased functional status. Therefore, the request Cyclobenzaprine 10 mg #90 is not medically necessary.