

<b>Case Number:</b>	CM14-0171641		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/23/2012
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 41 year-old female with the date of injury of 07/23/2012. The patient presents with pain in her lower back, radiating down her legs bilaterally with tingling or numbing sensations. The patient rates her pain as 8-10/10 on the pain scale, depending on the intake of medications. The patient presents limited range of lumbar motion. Her lumbar flexion is 15 degrees, extension is 5 degrees and lateral bending is 5 degrees. Examination reveals positive straight leg raising bilaterally. MRI from 10/2013 reveals 1-3 mm disc protrusions at L4-L5 and L5-S1 with mild to moderate bilateral neuroforaminal narrowing. The patient is currently taking Xanax, Prozac, Hydromorphone, Omeprazole and Elavil. The patient is not working. According to [REDACTED] report on 07/23/2014, diagnostic impressions are; 1)Lumbar disc protrusion 2)Lumbar radiculopathy The utilization review determination being challenged is dated on 10/12/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 05/22/2014 to 08/22/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 1.0 mg QTY: 60:** Upheld

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

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

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for Xanax 1.0 mg #60. The MTUS Guidelines page 24 state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence". In this case, review of records dating from 05/22/2014 to 08/22/2014 indicates that the patient has been on Xanax. The treater does not state that this is for a short-term use. There is no discussion regarding what the goals are for the use of this risky medication including an end point. Only short-term use of this medication is recommended for this medication. Based on the guidelines cited above, the request is not medically necessary.

**Senna 8.6/50 mg, QTY: 120:** Overturned

**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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for Senna 8.6/50 mg #120. MTUS guidelines page(s) 76-78 discusses prophylactic medication for constipation when opiates are used. In this case, medical records indicate that this patient has been taking opiates, specifically Hydromorphone, on a long-term basis, since at least 05/22/2014. Based on the guidelines cited above, the requested Senokot (Senna) is medically necessary.

**Retrospective request for a qualitative urine drug screen, QTY: 1 completed on 07/23/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Substance Abuse (Tolerance, Dependence, Addiction). Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances (May 2009), pg 10

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter for Urine Drug Testing

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for 1 qualitative urine drug screen (UDS). The patient has been taking opiates, specifically Hydromorphone. MTUS guidelines recommend urine toxicology screening as an option, using a urine drug screen to assess for the use or the presence of illegal drugs or

steps totake before a therapeutic trial of opioids. While MTUS Guidelines do not specifically address how frequent UDS should be obtained for various risks of opiate users, ODG Guidelines provideclearer recommendation. It recommends once yearly urine screen following initial screening with the first 6 months for management of chronic opiate use in low risk patient. In this case, thereview of the reports do not show evidence of recent or frequent UDS's. Given the patient's opiate intake, UDS from 7/23/14 appear medically indicated.

**Lumbar spine specialist evaluation, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Independent medical examination and consultations. Chapter 7 page 127

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for lumbar spine specialist evaluation. ACOEM Practice Guidelines, 2nd Edition(2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors arepresent, or when the plan or course of care may benefit from additional expertise." The QME's report on 05/12/2014 provides a physical exam, which noted restricted ROM and tenderness ofthe lumbar spine with stable findings. MRI showed 1-3mm disc protrusions at multiple levels. Report containing this particular request is missing and there is no explanation as to why thisconsultation is needed. However, given the patient's persistent pain and failure with conservative care, spine specialist evaluation would appear reasonable.

**Hydromorphone 2 mg, QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid).

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

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for Hydromorphone 2 mg #60. MTUS guidelines page 88 and 89 states, "Pain shouldbe 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 aftertaking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports provided for this review discuss opiate management. None of thereports discuss the four A's, including analgesia, ADL's, side effects and aberrant behavior. Without these documentation and discussion regarding quality of life and outcome

measures, ongoing opiates are not supported by the MTUS. Based on the guidelines cited above, the request is not medically necessary.

**Omeprazole 20 mg, QTY: 60:** 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): Pain (Chronic),

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

**Decision rationale:** The patient presents with pain and weakness of her lower back and lower extremities. The request is for Omeprazole 20 mg #60. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. The review of the reports do not even show that the patient is on any NSAIDs. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI either. Based on the guidelines cited above, the request is not medically necessary.