

<b>Case Number:</b>	CM14-0211145		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	04/24/1999
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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 patient is a 55 year old male with the injury date of 04/24/99. Per physician's report 11/07/14, the patient has pain in his neck, shoulders and lower back. The patient suffers from almost everyday headaches. The patient has a trial of spinal cord stimulator on 09/04/14, which gave him about 60% pain relief. The patient had left shoulder arthroscopy on 10/07/14. Ultram ER enables him to perform simple chores around the house with less pain. Remeron enables him to sleep better. He has medication induced gastritis symptoms and several risk factors including stress, obesity, numerous medications, pre-diabetes, as well as age, chronic pain, poor eating habits and smoking. Prilosec is being utilized for GI protection. Because his internist [REDACTED] recommended that Doral would be better on his liver, the treater switched Ambien to Doral. The patient is routinely monitored for "at risk" behavior with random urine drug screens, CURES review, and the patient has recently signed an opioid treatment contract. The patient is currently taking Opana ER, Anaprox, Prilosec, Doral, Lisimopril, Colace and Oxycontin. The patient discontinues Ativan, and Ritalin. The lists of diagnoses are: 1) S/P total disc arthroplasty at C3, C4 in January 2009. 2) S/P cervical fusion, C4-5 and C5-6 on 06/19/13, removal of hardware on 01/08/08. 3) Cervicogenic headaches. 4) Mild cervical dystonia. 5) S/p posterior lumbar interbody fusion, L4-5 and L5-S in February 2002. 6) Bilateral lower extremity radiculopathy. 7) Reactionary depression/ anxiety. 8) Bilateral carpal tunnel syndrome, right greater than left. 9) Right carpal tunnel release on 03/02/07. 10) S/P right ulnar transposition. 11) Colostomy on 08/20/10. 12) Medication-induced gastritis. Per 10/27/14 psychologist's report, the patient shows severe range of clinical depression and moderate range

of clinical anxiety. Per 09/09/14 progress report, the patient complains of left shoulder pain. The patient has been using Ultram ER to help cut back on his Opana. It has been effective. The urine toxicology report on 03/14/14 confirmed the presence of Oxymorphone. The patient is taking Opana ER, Ultram ER, Prilosec, Remeron, Prozac, Lisinopril and Colace. The utilization review determination being challenged is dated on 12/02/14. Treatment reports were provided from 06/09/14 to 11/07/14.

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

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

#### **1 Prescription of Prilosec 20MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for PRILOSEC 20mg #60. The patient is currently taking Opana ER, Anaprox, Prilosec, Doral, Lisinopril, Colace and Oxycontin. The patient has been utilizing Prilosec since at least 06/09/14. 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 > 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, one of the treater's diagnoses is medication-induced gastritis and the patient has been on Anaprox since 11/07/14. The treater would like the patient to be on Prilosec for GI protection "from medication induced gastritis symptoms and several risk factors including stress, obesity, numerous medications, pre-diabetes, as well as age, chronic pain, poor eating habits and smoking." "There is no documented use of ASA, corticosteroids, and/or an anticoagulant. Furthermore, the utilization review letter 12/02/14 denied this request, stating "the patient suffers from gastritis due to oral pain medication. The use of these oral medications have not been certified. Therefore, a proton pump inhibitor is no longer necessary." Given the lack of adequate documentation in terms of GI risk assessment to determine whether or not the patient would require prophylactic use of PPI, this request IS NOT medically necessary.

#### **1 Prescription of Opana ER 15MG #135: Upheld**

**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): 88, 89, 76-78.

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for OPANA ER 15mg #135. The patient has been utilizing Opana ER since at least 06/09/14. Regarding chronic opiate use, MTUS guidelines page 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 4A's (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. The review of the reports shows that the treater has addressed urine toxicology, CURES review and documentation of a pain contract. However, the reports lack before and after pain scales, and any specific ADL's to determine any significant improvement. There are no numerical scales or validated instrument to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request of Opana ER IS NOT medically necessary.

**1 Prescription of Doral #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

**Decision rationale:** The patient presents with pain and weakness in his neck, shoulders, lower back and extremities. The request is for DORAL #30. MTUS Guidelines page 24 on benzodiazepine states, "not recommended for long-term use because long-term efficacy is unproven in there is a risk of dependence. Most guidelines limit use to 4 weeks." The records show that the patient has been utilizing Doral since at least 11/07/14. The long term use of Quazepam (Doral) is not supported by the MTUS Guidelines. The request is not medically necessary.