

<b>Case Number:</b>	CM14-0214443		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	04/30/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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 56 year old male with an injury date of 04/30/07. Based on the 12/11/14 progress report provided by treating physician, the patient complains of low back pain with numbness and tingling to the posterior aspect of the legs and feet. Physical examination to the lumbar spine on 12/11/14 revealed midline surgical scar, myospasm and mild to moderate tenderness to palpation. Range of motion was painful and reduced on all planes. Per progress report dated 12/11/14, "the medications enable (patient) to 'live life' and perform activities of daily living including light walking," though activities remain limited. Percocet, Robaxin, and Ibuprofen are included in patient's prescriptions, per treater reports dated 10/16/14 and 12/11/14. Per treater report dated 12/11/14, Percocet brings pain down from 8/10 to 5-6/10. Urine drug screen was reviewed and showed to be consistent with medication use and negative for alcohol or illicit substances. Robaxin is prescribed for spasms. Ibuprofen is prescribed for inflammation. Protonix was prescribed in progress report dated 12/11/14, and is taken to "help with any heartburn associated with NSAID use." Patient has tried and failed neuropathic pain medications including Gabapentin and Lyrica, therefore he is "considering percutaneous spinal cord stimulator trial." Patient is permanent and stationary, per treater report dated 10/20/14. Diagnosis 10/16/14, 12/11/14- History of previous laminectomy- Lumbar degenerative disk disease- Lumbar radiculopathy The utilization review determination being challenged is dated 12/18/14. Treatment reports were provided from 04/04/14 - 12/22/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325, 1 TAB PO Q6 HRS PRN for pain #120: 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 low back pain with numbness and tingling to the posterior aspect of the legs and feet. The request is for Percocet 10/325, 1 tablet PO Q6 hrs. Prn for pain, and quantity: 120, day supply: 30. The patient is status post lumbar laminectomy, date unspecified. Patient's diagnosis on 12/11/14 included lumbar degenerative disk disease and lumbar radiculopathy. Percocet, Robaxin, and Ibuprofen are included in patient's prescriptions, per provider reports dated 10/16/14 and 12/11/14. Patient has tried and failed neuropathic pain medications including Gabapentin and Lyrica; therefore he is "considering percutaneous spinal cord stimulator trial." Patient is permanent and stationary, per provider report dated 10/20/14. 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, activities of daily living (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. Per progress report dated 12/11/14, provider states "the medications enable (patient) to 'live life' and perform activities of daily living including light walking," though activities remain limited. Provider does not discuss in detail what functional benefits the patient has had; and there are no discussions of how Percocet significantly improves patient's activities of daily living with specific examples of ADL's. Urine drug screen was reviewed and showed to be consistent with medication use and negative for alcohol or illicit substances, which addresses aberrant drug seeking behavior; but there is no mention of CURES report or opiate pain agreement. In regards to analgesia, numerical scales were provided, however no mention of validated instruments; and adverse effects were not discussed. There is no return to work or change in work status discussed, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Robaxin 750mg, 1 TAB PO BID PRN for spasms #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

**Decision rationale:** The patient presents with low back pain with numbness and tingling to the posterior aspect of the legs and feet. The request is for Robaxin 750mg 1 tab po bid prn for

spasms, quantity #60 day. The patient is status post lumbar laminectomy, date unspecified. Patient's diagnosis on 12/11/14 included lumbar degenerative disk disease and lumbar radiculopathy. Per progress report dated 12/11/14, "the medications enable (patient) to 'live life' and perform activities of daily living including light walking," though activities remain limited. Percocet, Robaxin, and Ibuprofen are included in patient's prescriptions, per provider reports dated 10/16/14 and 12/11/14. Patient has tried and failed neuropathic pain medications including Gabapentin and Lyrica; therefore he is "considering percutaneous spinal cord stimulator trial." Patient is permanent and stationary, per provider report dated 10/20/14. MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). MTUS page 63-66 under antispasmodics for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties Per provider report dated 12/11/14, Robaxin is prescribed for spasms. Robaxin was included in patient's prescriptions, per provider reports dated 10/16/14 and 12/11/14. However, MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Ibuprofen 800mg, 1 TAB PO TID PRN for pain and inflammation #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The patient presents with low back pain with numbness and tingling to the posterior aspect of the legs and feet. The request is for Ibuprofen 800mg 1 TAB PO BID PRN for spasms # 60. The patient is status post lumbar laminectomy, date unspecified. Patient's diagnosis on 12/11/14 included lumbar degenerative disk disease and lumbar radiculopathy. Percocet, Robaxin, and Ibuprofen are included in patient's prescriptions, per provider reports dated 10/16/14 and 12/11/14. Patient has tried and failed neuropathic pain medications including Gabapentin and Lyrica; therefore he is "considering percutaneous spinal cord stimulator trial." Patient is permanent and stationary, per provider report dated 10/20/14. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per provider report dated 12/11/14, Ibuprofen is prescribed for inflammation. Ibuprofen was included in patient's medications, per provider reports dated 10/16/14 and 12/11/14. Per progress report dated 12/11/14, "the medications enable (patient) to 'live life' and perform activities of daily living including light walking," though activities remain limited. It appears patient is benefiting from Ibuprofen, which is indicated by guidelines for his condition. Therefore, the request is medically necessary.

**Protonix 200mg 1 TAB PO QD PRN for heart burn #30:** Overturned

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

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

**Decision rationale:** The patient presents with low back pain with numbness and tingling to the posterior aspect of the legs and feet. The request is for Protonix 200mg 1 TAB PO QD PRN for heartburn #30. The patient is status post lumbar laminectomy, date unspecified. Patient's diagnosis on 12/11/14 included lumbar degenerative disk disease and lumbar radiculopathy. Per progress report dated 12/11/14, "the medications enable (patient) to 'live life' and perform activities of daily living including light walking," though activities remain limited. Percocet, Robaxin, and Ibuprofen are included in patient's prescriptions, per provider reports dated 10/16/14 and 12/11/14. Patient has tried and failed neuropathic pain medications including Gabapentin and Lyrica; therefore he is "considering percutaneous spinal cord stimulator trial." Patient is permanent and stationary, per provider report dated 10/20/14. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Protonix was prescribed in progress report dated 12/11/14, and is taken to "help with any heartburn associated with NSAID use." Prophylactic use of PPI is indicated by MTUS, when appropriated risk is documented. Provider has discussed GI risk and patient is prescribed Ibuprofen. Therefore, the request for Protonix is medically necessary.