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| <b>Case Number:</b>   | CM14-0215950 |                              |            |
| <b>Date Assigned:</b> | 01/06/2015   | <b>Date of Injury:</b>       | 02/17/2012 |
| <b>Decision Date:</b> | 02/28/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/23/2014 |

### 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 injured worker is a 39-year-old male who suffered an unknown work related injury on 02/17/12. Per the physician notes from 12/05/14 his complaints include ongoing daily and constant lower back pain that he rates as 9/10. He also complains of bilateral knee and ankle pain. His medication regimen includes Anaprox, Norco, and Protonix. Upon physical exam he has limited range of motion, tenderness overlying the facts, and positive facet loading. His EMG/NCV from 10/13/14 of the bilateral lower extremities is reported to be consistent with an active lumbosacral radiculopathy. MRI of the lumbar spine from 10/30/14 was reported to show facet arthropathy at the L4-L6 and L5-S1 levels. Diagnoses are annular tear L4-5 and sleep dysfunction secondary to pain. He was noted to have failed to improve with conservative care including life style modification medications, and physical therapy. Recommended treatments were continued medication regimen, and pain management consultation and diagnostic facet blocks at L4-L5 and L5-S1. The Anaprox, Protonix, and Norco were denied by the Claims Administrator on 12/18/14 and were subsequently appealed for Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Anaprox 550mg between 12/15/2014 and 1/29/2015.:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory Medications for chronic use Page(s): 22, 60.

**Decision rationale:** This patient presents with low back and bilateral ankle pain. The treater is requesting 60 TABLETS OF ANAPROX 550 MG BETWEEN 12/15/2014 AND 01/29/2015. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record show that the patient was prescribed Anaprox since 2012. The 08/15/2014 report notes, "The patient meets the 4 A's of pain management including good analgesic effects with her current medication regimen, increased activities of daily living with the use of medications, and no significant adverse side effects, and no concern for aberrant behavior." In this case, the treater has noted medication efficacy and continued use of Anaprox is supported by the guidelines. The request IS medically necessary.

**90 tablets of Norco 10mg/325mg between 12/15/2014 and 1/29/2015.:** Upheld

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

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

**Decision rationale:** This patient presents with low back, bilateral knee, and bilateral ankle pain. The treater is requesting 90 TABLETS OF NORCO 10 MG BETWEEN 12/15/2014 AND 01/29/2015. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking 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 medications to work, and duration of pain relief. The records show that the patient was prescribed Norco since 2012. The 09/26/2014 report notes, "The patient continues to meet the 4 A's of pain management including good analgesic effects with her current medication regimen, increased activities of daily living with the use of medications, no significant adverse side effects, and no concerns of aberrant behavior." Aside from this statement, none of the reports document before and after pain scales, no specific discussions regarding activities of daily living were noted, and no urine drug screen or CURES report were provided for review to determine aberrant drug-seeking behaviors. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should now be slowly weaned as outlined in the MTUS Guidelines. The request IS NOT medically necessary.

**60 tablets of Protonix 20mg between 12/15/2014 and 1/29/2015.: Overturned**

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

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

**Decision rationale:** This patient presents with low back, bilateral knee, and bilateral ankle pain. The treater is requesting 60 tablets of Protonix 20 mg between 12/15/2014 and 01/29/2015. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records show that the patient has been utilizing a PPI since 2012. The AME report from 07/29/2014 notes that the patient continues to have dyspepsia and states that Prilosec is not as effective. The treater then discontinued Prilosec and started the patient on Protonix. In this case, the patient does present with gastrointestinal issues and the guidelines support the use of PPIs for patients presenting with gastrointestinal events. The request IS medically necessary.