

<b>Case Number:</b>	CM15-0113969		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	08/26/2005
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	05/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric  
 Medicine

### 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 55-year-old male, who sustained an industrial injury on 11/18/01. He reported pain in his mid and lower back. The injured worker was diagnosed as having post lumbar laminectomy syndrome, lumbar disc degeneration and thoracic spondylosis without myelopathy. Treatment to date has included physical therapy, acupuncture, chiropractic treatments and a lumbar epidural injection on 8/28/14 with 70% improvement for 3-4 months. Current medications include Oxycodone, Norco, Flexeril, Prochlorperazine, Zofran, Omeprazole, Senna and Lyrica since at least 12/8/14, and Amitiza. As of the PR2 dated 5/11/15, the injured worker reports chronic mid and low back pain. He rates his pain 10/10 without medications and 4/10 with medications. Objective findings include tenderness to palpation in the lumbar paraspinals, an antalgic gait and decreased strength in the lower extremities. The treating physician requested Lyrica 50mg, Flexeril 10mg, Zofran 8mg, Amitiza 42 mcg, Lyrica 75mg, Prochlorperazine 10mg, Omeprazole and a transforaminal lumbar epidural steroid injection at right L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

**Decision rationale:** Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to Lyrica to justify use. The request for Lyrica is not medically necessary or substantiated in the records.

**Flexeril 10mg:** Upheld

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

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

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The records fail to document any improvement in pain or functional status specifically related to muscle relaxants or a discussion of side effects to justify use. The request for cyclobenzaprine is not medically necessary or substantiated in the records.

**Zofran 8mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date: Ondansetron: Drug Information.

**Decision rationale:** Ondansetron is indicated for prevention of nausea and vomiting associated with cancer chemotherapy, radiotherapy and prevention of post-operative nausea and vomiting. In the case of this injured worker, it appears it is being prescribed to counter the potential side effects of nausea of other medications. There is also no documentation of efficacy or potential side effects. The records do not document the necessity for ondansetron. Therefore, the request is not medically necessary.

**Amitiza 42mcg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: drug information amitiza and management of chronic constipation in adults.

**Decision rationale:** Amitiza is used to treat chronic constipation. In the case of this injured worker, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the amitiza. Therefore, the request is not medically necessary.

**Right L5-S1 transforaminal lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 35.

**Decision rationale:** Per the guidelines, epidural spine injections are recommended as an option for treatment of radicular pain. Most current guidelines recommend no more than 2 injections. Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. Though the history does suggest radicular pathology, the worker does not meet the criteria, as there is not clear evidence in the records that the worker has failed conservative treatment with exercises, physical methods, NSAIDS and muscle relaxants. Prior epidural injection also resulted in only limited pain relief. The medical necessity of an epidural injection is not substantiated in the records.

**Lyrica 75mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (lyrica) Page(s): 19-20.

**Decision rationale:** Pregabalin or Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. The medical records fail to document any improvement in pain, functional status or a discussion of side effects specifically related to lyrica to justify use. The medical necessity of lyrica is not substantiated in the records.

**Prochlorperazine Maleate 10mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation up-to-date: drug information prochlorperazine.

**Decision rationale:** Prochlorperazine is a phenothiazine used to treat nausea and vomiting. In the case of this injured worker, it is being prescribed to counter the potential side effects of nausea of other medications. There is also no documentation of efficacy or potential side effects. The records do not document the medical necessity for prochlorperazine.

**Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitor, NSAID, gastrointestinal events Page(s): 68-69.

**Decision rationale:** Per the guidelines, Prilosec is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.