

<b>Case Number:</b>	CM15-0119164		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	07/13/2012
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: 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 59 year old male who sustained an industrial injury on July 13, 2012. He has reported injury to the low back and has been diagnosed with thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar disc displacement without myelopathy, lumbago, and myalgia and myositis not otherwise specified. Treatment has included medications, a TENS unit, a home exercise program, medical imaging, physical therapy, and injection. Range of motion was restricted due to pain. Lumbar facet loading was positive on both sides. Straight leg raise test was positive on the right side at 60 degrees in a sitting position and was positive on the left side at 90 degrees in a sitting position. The treatment request included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents on 05/14/15 with lower back pain rated 5/10 which radiates into the right lower extremity. The patient's date of injury is 07/13/12. Patient is status post right sided lumbar facet injections at L4/L5 and L5/S1 levels. The request is for Norco 10/325MG #60. The RFA was not provided. Physical examination dated 05/14/15 reveals positive facet loading in the lumbar spine bilaterally, positive straight leg raise on the right at 60 degrees. Neurological examination reveals decreased sensation to light touch along the right lateral calf, medial thigh, and lateral thigh. The patient is currently prescribed Norco, Fenoprofen, Naproxen, Senokot, Nabumetone, and Omeprazole. Per progress note dated 05/14/15, the provider discusses a lumbar MRI as showing: "Disc herniation noted at L5-S1 (broad based). There are signs of moderate facet joint arthropathy." Patient is currently classified as temporarily totally disabled. 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, 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. In regard to the request for Norco, the treater has not provided adequate documentation to continue its use. Addressing efficacy, progress note dated 05/14/15 has the following: "He states that medications are helping. He tolerates the medications well. Patient shows no evidence of developing dependency... With the current medication regimen, his pain symptoms are adequately managed." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, a stated lack of aberrant behavior, and consistent urine drug screening. In this case, a consistent urine drug screening dated 04/14/15 was provided, as well as some discussion of patient behavior. However, the documentation of analgesia and functional improvement does not satisfy guideline requirements. Without such documentation, continuation cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.

**Naproxen 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8.

**Decision rationale:** The patient presents on 05/14/15 with lower back pain rated 5/10, which radiates into the right lower extremity. The patient's date of injury is 07/13/12. Patient is status post right sided lumbar facet injections at L4/L5 and L5/S1 levels. The request is for Naproxen 550MG #60. The RFA was not provided. Physical examination dated 05/14/15 reveals positive facet loading in the lumbar spine bilaterally, positive straight leg raise on the right at 60 degrees. Neurological examination reveals decreased sensation to light touch along the right lateral calf, medial thigh, and lateral thigh. The patient is currently prescribed Norco, Fenoprofen, Naproxen, Senokot, Nabumetone, and Omeprazole. Per progress note dated 05/14/15, the provider discusses a lumbar MRI as showing: "Disc herniation noted at L5-S1 (broad based). There are signs of

moderate facet joint arthropathy." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. Addressing efficacy, progress note dated 05/14/15 has the following: "He states that medications are helping. He tolerates the medications well. Patient shows no evidence of developing dependency... With the current medication regimen, his pain symptoms are adequately managed." While the provider does not specifically mention Naproxen, given the conservative nature of NSAID medications, and the documentation of analgesia, continuation of this medication is substantiated. The request IS medically necessary.

**Senna 8.6mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

**Decision rationale:** The patient presents on 05/14/15 with lower back pain rated 5/10 which radiates into the right lower extremity. The patient's date of injury is 07/13/12. Patient is status post right sided lumbar facet injections at L4/L5 and L5/S1 levels. The request is for Senna 8.6MG #100. The RFA was not provided. Physical examination dated 05/14/15 reveals positive facet loading in the lumbar spine bilaterally, positive straight leg raise on the right at 60 degrees. Neurological examination reveals decreased sensation to light touch along the right lateral calf, medial thigh, and lateral thigh. The patient is currently prescribed Norco, Fenoprofen, Naproxen, Senokot, Nabumetone, and Omeprazole. Per progress note dated 05/14/15, the provider discusses a lumbar MRI as showing: "Disc herniation noted at L5-S1 (broad based). There are signs of moderate facet joint arthropathy." Patient is currently classified as temporarily totally disabled. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states "Opioid induced constipation is a common adverse side effect of long-term opioid use." In regard to the requested Senna Lax for the management of this patient's Opioid associated constipation, the medication is not necessary as continued opiate usage is not substantiated. Such medications are appropriate interventions for those undergoing long-term opiate use, though in this case the associated Norco is not supported for continued use owing to inadequate documentation of efficacy. Therefore, this request IS NOT medically necessary.

**Pantoprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

**Decision rationale:** The patient presents on 05/14/15 with lower back pain rated 5/10 which radiates into the right lower extremity. The patient's date of injury is 07/13/12. Patient is status post right sided lumbar facet injections at L4/L5 and L5/S1 levels. The request is for Pantoprazole 20MG #60. The RFA was not provided. Physical examination dated 05/14/15 reveals positive facet loading in the lumbar spine bilaterally, positive straight leg raise on the right at 60 degrees. Neurological examination reveals decreased sensation to light touch along the right lateral calf, medial thigh, and lateral thigh. The patient is currently prescribed Norco, Fenoprofen, Naproxen, Senokot, Nabumetone, and Omeprazole. Per progress note dated 05/14/15, the provider discusses a lumbar MRI as showing: "Disc herniation noted at L5-S1 (broad based). There are signs of moderate facet joint arthropathy." Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Pantoprazole, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed another PPI, Omeprazole since at least 04/14/15. This patient is currently prescribed Naproxen, but there is no discussion of gastric complaints or evidence of prior GI symptom relief owing to PPI utilization. Without an appropriate GI assessment or evidence of dyspepsia secondary to NSAID utilization, this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.