

<b>Case Number:</b>	CM15-0174663		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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 54-year-old male, with a reported date of injury of 03-29-2009. The diagnoses include lumbar failed back surgery syndrome, cervical disc degeneration, cervical spinal stenosis, cervical spine pain, persistent back and lower extremity pain, status post L1-2 posterolateral fusion (09-19-2011), left shoulder rotator cuff syndrome, history of L3-4 decompression and fusion, and history of decompressive lumbar laminectomy. Treatments and evaluation to date have included Norco (since at least 04-2008, Omeprazole, since at least 12-2014), Nortriptyline, Citalopram, Ranitidine, chiropractic treatment, physiotherapy, hydrocodone, Xanax (since at least 05-2015), Morphine pain pump, and left shoulder intra-articular injection. The medical report dated 05-28-2015 indicates that the injured worker had constant pain and discomfort in the low back and lower extremities. The pain constantly radiated down the bilateral thigh, leg, and foot, right greater than left. He stated that although there had been improvement, the pain relief was not adequate to improve functionality and to decrease the use of oral medication. It was noted that the injured worker had an MRI of the lumbar spine on 07-20-2012, which showed lumbar spine fusion at L1-S1, laminectomy changes from L4-L5, and diffuse mild to moderate spondylosis and diffuse moderate to severe degenerative disc disease. The treating physician refilled the prescription for Norco, one tablet three times a day as needed for pain; Xanax, one tablet daily as needed; and Prilosec, one tablet two times a day. The injured worker's work and disability status was deferred to the primary treating physician. The treating physician requested Norco 10-325mg #90, Prilosec 20mg #60, and Xanax 1mg #30. On 08-07-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90, Prilosec 20mg #60, and Xanax 1mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Medications for chronic pain.

**Decision rationale:** The current request is for Norco 10/325MG #90. The RFA is dated 07/01/15. Treatments have included Norco (since at least 04-2008, Omeprazole, since at least 12-2014), Nortriptyline, Citalopram, Ranitidine, chiropractic treatment, physiotherapy, hydrocodone, Xanax (since at least 05-2015), Morphine pain pump, left shoulder intra-articular injection, physical therapy and L1-2 posterolateral fusion (09-19-2011). The patient is not working. MTUS, criteria for use of opioids Section, 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, criteria for use of opioids Section, 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. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 07/01/15, the patient presents with chronic low back pain that radiates into the lower extremities. Current medications include Omeprazole, Ranitidine, Norco 10-325mg #90, Prilosec 20mg #60, Tizanidine, Nortriptyline, and Xanax 1mg #30. The patient has been prescribed Norco since at least 12/11/14. The patient is also receiving Dilaudid through an intrathecal pump. Report 05/28/15 notes although medication does help relieve pain, it is not curative. Report 05/19/15, documents 10/10 pain despite medications. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. There are no before and after medication pain scales to denote a decrease in pain. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There are no pain management issues discussed such as CURES report, pain contract, etc. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary and recommendation is for slow weaning.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors, NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The current request is for Prilosec 20MG #60. The RFA is dated 07/01/15. Treatments have included Norco (since at least 04-2008, Omeprazole, since at least 12-2014), Nortriptyline, Citalopram, Ranitidine, chiropractic treatment, physiotherapy, hydrocodone, Xanax (since at least 05-2015), Morphine pain pump, left shoulder intra-articular injection, physical therapy and L1-2 posterolateral fusion (09-19-2011). The patient is not working. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 07/01/15, the patient presents with chronic low back pain that radiates into the lower extremities. Current medications include Omeprazole, Ranitidine, Norco 10-325mg #90, Prilosec 20mg #60, Tizanidine, Nortriptyline, and Xanax 1mg #30. The patient has been prescribed Omeprazole since at least 05/28/15. In this case, the treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, there is no discussion of gastric complaints and the patient is not prescribed any NSAIDs. Therefore, the request is not medically necessary.

**Xanax 1mg #30:Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Xanax (Alprazolam).

**Decision rationale:** The current request is for Xanax 1MG #30. The RFA is dated 07/01/15. Treatments have included Norco (since at least 04-2008, Omeprazole, since at least 12-2014), Nortriptyline, Citalopram, Ranitidine, chiropractic treatment, physiotherapy, hydrocodone, Xanax (since at least 05-2015), Morphine pain pump, left shoulder intra-articular injection, physical therapy and L1-2 posterolateral fusion (09-19-2011). The patient is not working. MTUS, Benzodiazepines Section, page 24 states, "Not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG Guidelines, Pain (Chronic) Chapter, under Xanax (Alprazolam) states: "Not recommended for long-term use. See Alprazolam; & Benzodiazepines. Alprazolam, also known under the trade name Xanax and available generically, is a short-acting drug of the benzodiazepine class used to treat moderate to severe anxiety disorders, panic attacks, and as an adjunctive treatment for anxiety associated with major depression." Per report 07/01/15, the patient presents with chronic low back pain that radiates into the lower extremities. Current medications include Omeprazole, Ranitidine, Norco 10-325mg #90, Prilosec 20mg #60, Tizanidine, Nortriptyline, and Xanax 1mg #30. It is unclear when this medication was first prescribed. MTUS only recommends short-term use (no more than 4 weeks) for benzodiazepines. In this case, there is no discussion that this medication is prescribed for short term use. In addition, there is no discussion as to why this patient requires this medication. The request is not medically necessary.