

<b>Case Number:</b>	CM15-0174710		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	08/08/2008
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/19/2015
<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 57 year old male, who sustained an industrial injury on 8-8-08. The injured worker was diagnosed as having lumbar spondylosis; chronic low back pain with referred pain to both legs; right hand numbness; difficulty with bladder continence; chronic neck pain with intermittent arm referral; GERD. Treatment to date has included status post lumbar L4-5 surgery; physical therapy; medications. Diagnostics studies included MRI sacrum-coccyx (7-2-15). Currently, the PR-2 notes dated 7-27-15 indicated the injured worker reports that all of his medication was denied except for the Protonix. The provider documents the injured worker "is under a great deal of stress. Without the medications he cannot do anything but lay around in bed. With medications he can get some household chores done. In addition, he is depressed and irritable and gets in arguments with his family. His daughter does not want to be around him. This has occurred since his Cymbalta, Hydrocodone and his Amitriptyline and the Amrix were cut off. Again, I do not know why the latter was denied." The provider notes the injured worker had been on these same medications since 2012. The provider documents "they control his mood and ease his pain to the extent that he is able to bring the pain down from 10 out of 10 without meds to a 6-7 out of 10 with Hydrocodone. I was attempting to switch him to a mix of Hydrocodone and Tramadol in order to see if I could taper the Hydrocodone somewhat. However, the abrupt withdrawal of his medications by the insurance company has caused his pain to be completely out of control. He is depressed and he is reporting that he feels like he might resort to something drastic to stop the pain. Upon further discussion, he does not have any specific plan for SI. He also notes that his blood sugars get more difficult to control when he is in pain and because he is angry with the insurance company for these repeated denials." Objective findings are documented by the provider as "tender over the lumbar and cervical paraspinal

muscle. He has range of motion of the back with flexion of 40 degrees and extension of 0 degrees with pain. Bilateral sitting SLR is positive for back pain and leg pain. Motor strength is 4 out of 5 in both lower extremities with giving away. Reflexes are trace at the patella and Achilles. He is walking with the use of a cane. Range of motion of the neck is 45 in rotation and 40 in flexion with pain." A MRI of the sacrum-coccyx done on 7-2-15 impression reveals: 1) L4-L5 mild annular disc bulge and broad-based 3mm right posterior lateral protrusion causing mild bilateral neural foraminal narrowing, right greater than the left. No central canal stenosis. 2) No sacral stress fracture; Normal bilateral sacroiliac joints." A Request for Authorization is dated 9-1-15. A Utilization Review letter is dated 8-19-15 and non-certification was for Hydrocodone 7.5/325mg #120; Elavil 75mg #30 and Protonix 40mg #60. Utilization Review denied the medications for not meeting the CA MTUS Chronic Pain Medical Treatment Guidelines (May 2009). The provider is requesting authorization of Hydrocodone 7.5/325mg #120; Elavil 75mg #30 and Protonix 40mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hydrocodone 7.5/325mg #120: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Hydrocodone 7.5/325mg #120. Request for Authorization is dated 9-1-15. Treatment to date has included status post lumbar L4-5 surgery (2011); physical therapy; medications. The patient's work status is not addressed. 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 06/15/15, the patient presents with chronic low back pain. The patient has been prescribed Hydrocodone since at least 06/15/15. The patient reports his pain as "5/5 without medication and 3.5/5 with medications." He denies side effects and "with medication he is able to do some household chores." On 07/27/15 the patient reported that without the medications he cannot do anything but lay around in bed. With medications he can get some household chores done. In this case, not all the 4 A's are addressed as required by MTUS Guidelines. There are no specific validated functional measures to document significant functional improvement. MTUS guideline requires activity-specific improvements which have not been addressed. In addition, there is no discussion provided on adverse behavior. There is 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 request is not medically necessary.

**Elavil 75mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Antidepressants-SSRIs versus tricyclics (class).

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

**Decision rationale:** The current request is for Elavil 75MG #30. Request for Authorization is dated 9-1-15. Treatment to date has included status post lumbar L4-5 surgery (2011); physical therapy; medications. The patient's work status is not addressed. MTUS Guidelines, Antidepressants for chronic pain section, page 13-15 states; "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." Per report 06/15/15, the patient presents with chronic low back pain. The patient also complains of feeling depressed and irritable and gets into arguments with his family. He is currently taking Cymbalta, Hydrocodone, Protonix, Amitriptyline and Amrix. The patient has been prescribed Elavil since at least 10/27/14. The treater documents that medications help "control his mood and ease his pain to the extent that he is able to bring the pain down from 10 out of 10 without meds to a 6-7 out of 10." He reports "with medication he is able to do some household chores" and without meds he is in bed all day. MTUS Guidelines supports this medication as a first-line medication for chronic pain patients. Given the documentation of medication efficacy provided, continuation is substantiated. The request is medically necessary.

**Protonix 40mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p.

**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 Protonix 40MG #60. Request for Authorization is dated 9-1-15. Treatment to date has included status post lumbar L4-5 surgery (2011); physical therapy; medications. The patient's work status is not addressed. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section state, "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 06/15/15, the patients present with chronic low back pain. The patient also suffers from GERD. The patient also complains of feeling depressed and irritable and gets into

arguments with his family. He is currently taking Cymbalta, Hydrocodone, Protonix, Amitriptyline and Amrix. The patient has been prescribed Protonix since at least 10/27/14. Prophylactic use of PPI with documentation of gastric issues is supported by guidelines. In this case, the patient has a diagnosis of GERD and the use of Protonix is supported by MTUS. The requested Protonix is medically necessary.