

<b>Case Number:</b>	CM15-0025947		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	09/27/2008
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 sustained an industrial injury reported on 9/27/2008. He has reported improved low back pain since the spinal cord stimulator was implanted and dyspepsia from his current medication regimen. The diagnoses were noted to have included grade I spondylolisthesis at lumbar 5 - sacral 1, with laminectomy syndrome and radiculopathy; intervertebral disc disorder with myelopathy; and medication induced gastritis. Treatments to date have included consultations; diagnostic laboratory and imaging studies; lumbar & lumbosacral fusion surgery (12/6/10); removal of lumbar hardware & repair of pseudo arthrosis (1/9/12); implantation of a spinal cord stimulator to the lumbar spine (7/31/14); and medication management. The work status classification for this injured worker (IW) was not having worked since 1/9/2009. On 1/14/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/8/2015, for Norco 10/325mg #120 with 1 refill, Anaprox DS 550mg #60, Prilosec 20mg #60, Prozac 20mg #60; Doral 15mg #30, and Neurontin 600mg #90; and modified, for medical necessity, the request for Ultracet 37.5mg #90 - to #60 for the purpose of downward titration and complete discontinuation. The Medical Treatment Utilization Schedule, chronic pain physical medicine guidelines, criteria for use for therapeutic trial of opioids, neuropathic pain, chronic back pain, non-steroidal anti-inflammatory drugs with gastrointestinal and cardiovascular risks, benzodiazepines, anti-epilepsy drugs; and the Official Disability Guidelines, pain procedure summary, proton-pump inhibitors, specific anti-depressants, benzodiazepines, were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include opioids since at least 08/2014. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

**Anaprox DS 550 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include NSAIDS since at least 09/2014. The current request is for Anaprox. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Anaprox is not indicated as medically necessary in this patient.

**Ultracet 37.5 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include opioids since at least 08/2014. The current request is for Ultracet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Ultracet is not indicated as medically necessary.

**Prilosec 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include prilosec since at least 08/2014. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

**Prozac 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include Prozac since at least 09/2014. There is inadequate documentation of assessment of treatment efficacy of Prozac in this patient to include pain outcomes, evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and

psychological assessment. On the basis of the available medical documentation and per the MTUS guidelines cited above, Prozac is not indicated as medically necessary.

**Doral 15 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include benzodiazepines since at least 09/2014. The current request is for Doral. Per the MTUS guidelines cited above, benzodiazepines are not recommended for long term use (4 weeks maximum); use in this patient has far exceeded the recommended time frame. On the basis of the available medical documentation and per the MTUS guidelines cited above, Doral is not indicated as medically necessary.

**Neurontin 600 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

**Decision rationale:** This 39 year old male has complained of low back pain since date of injury 9/27/08. He has been treated with spinal cord stimulator, lumbar spine surgery, physical therapy and medications to include Neurontin since at least 09/2014. The current request is for Gabapentin. Per the MTUS guideline cited above, Gabapentin is a first line agent used for the treatment of neuropathic pain, effective for the treatment of post herpetic neuralgia and diabetic neuropathy. There is no documentation in the available medical records which supports the presence of any of these diagnoses. On the basis of the MTUS guidelines cited above and the available medical documentation, Gabapentin is not indicated as medically necessary.