

<b>Case Number:</b>	CM15-0047096		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	10/23/2009
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 (IW) is a 39-year-old male who sustained an industrial injury on 10/23/2009. He reported back pain with radicular symptoms. The injured worker was diagnosed as having lumbar degenerative disc disease status post lumbar laminectomy and discectomy; neuropathy in the left lower extremity, reactive depression, and erectile dysfunction from narcotic use, now stable with Cialis as needed. Treatment to date has included a lumbar laminectomy at L4-L5 and L5-S1 with discectomy, and treatment with a psychologist plus treatments with pain medication. A postoperative MRI shows spur complex entrapping the left S1 nerve root. Currently, the injured worker complains of constant back pain with pain shooting down his left leg, left leg weakness and numbness, and a burning sensation. He also complains of insomnia and depression with severe cramps in his left leg at night. The treatment plan includes pain medications and monitoring for narcotic compliance. Baclofen, Dilaudid, and Omeprazole are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 4 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS, Medications for chronic pain, Dilaudid Page(s): 76-78, 88-89, 83, 75.

**Decision rationale:** The patient was injured on 10/23/09 and presents with back pain shooting down his left leg with left leg weakness, numbness, and a burning sensation. The request is for DILAUDID 4 MG QTY 120 for chronic pain. The utilization review denial rationale is that "there is no documentation of side effects, aberrant behavior, and a urine drug screen." The RFA is dated 02/03/15 and the patient's work status is not provided. It appears that this is the initial request for this medication. 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 4 A's (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 Guidelines on page 83 also states that stronger opiates such as hydromorphone (Dilaudid) are recommended in osteoporosis patients for the treatment of severe pain under exceptional circumstances. The guidelines on page 75 also list Dilaudid as short-term. MTUS Guidelines page 60-61 state that "before prescribing any medication for pain, the following should occur: (1) Determine the aim of use of the medication. (2) Determine the potential benefits and adverse effects. (3) Determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days and the analgesic effect of antidepressants should occur within one week. A record of pain and function with the medication should be recorded." The 01/29/15 report indicates that the patient is currently taking Lyrica, Brintellix, Omeprazole, and Cialis. Prior to this request, the patient was taking Nucynta and Percocet. Based on review of the reports, it would appear that the treater has not been able to provide the opiates and the request is for a trial of Dilaudid. Reports show that although Nucynta and Percocet are listed as opiates, there is lack of documentation of the four A's required for ongoing use of opiates. The provider does not indicate why Dilaudid is being prescribed. There is lack of documentation that previous opiates have worked or not worked and the reasons for switch. MTUS allows for different medications to be tried but in this situation, there is lack of documentation that previous meds either failed or poorly tolerated. Given that the patient already has tried other opiates without documentation of efficacy, it does not appear reasonable to try another opiate. The request IS NOT medically necessary.

**Baclofen 10 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

**Decision rationale:** The patient was injured on 10/23/09 and presents with back pain shooting down his left leg with left leg weakness, numbness, and a burning sensation. The request is for BACLOFEN 10 MG QTY 30 for back spasm and neurogenic leg cramps. The RFA is dated 02/03/15 and the patient's work status is not provided. It appears that this is the initial request for this medication. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend nonsedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs and pain and overall improvement. Also, there is no additional benefit shown in combination with the NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen." The patient is diagnosed with lumbar degenerative disc disease status post lumbar laminectomy and discectomy and neuropathy in the left lower extremity. The left lower extremity has signs of allodynia with hypersensitivity to light touch and summation to pinprick in the lower extremity ankle and foot area. He has a limited lumbar spine range of motion as well as an altered sensory loss to light touch and pinprick at the left lateral calf and bottom of his foot. Right and left straight leg raise cause left-sided back pain that radiates in the left buttock and posterior thigh. Palpation reveals muscle spasm in the lumbar trunk with loss of lordotic curvature with antalgic posture. Based on the guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. The current request is for 30 tablets of baclofen 10 mg. There is no indication if this medication will be used on a short-term basis. Therefore, the requested Baclofen IS NOT medically necessary.

**Omeprazole 20 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The patient was injured on 10/23/09 and presents with back pain shooting down his left leg with left leg weakness, numbness, and a burning sensation. The request is for OMEPRAZOLE 20 MG QTY 30 for dyspepsia. The RFA is dated 02/03/15 and the patient's work status is not provided. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient has been taking Omeprazole as early as 12/16/14. As of 01/29/15, the patient is

taking Lyrica, Brintellix, Dilaudid, and Cialis. There are no NSAIDs listed nor is there any discussion regarding what omeprazole is doing for the patient. The 12/16/14 report states that the patient has "dyspepsia from medications prescribed." None of the reports discussed how omeprazole is managing his symptoms. Therefore, the requested omeprazole IS NOT medically necessary.