

<b>Case Number:</b>	CM15-0092262		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/01/2010
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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:

This 51 year old male sustained an industrial injury on 3/01/10. He subsequently reported back, left leg, neck and left shoulder pain. Diagnoses include post-laminectomy syndrome, lumbar and sciatica. Treatments to date include x-ray and MRI testing, surgery, physical therapy, injections and prescription pain medications. The injured worker continues to experience low back pain with radiation to the bilateral lower extremities as well as gastric reflux. Upon examination, there was tenderness in the paravertebral muscles of the right more than the left, there was tenderness at the left, more than right over the sciatic notch and lumbosacral range of motion was decreased. A request for Tizanidine, Protonix and Hydrocodone/ APAP medications and a lumbar brace was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant page(s): 63-66.

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

**Decision rationale:** The patient was injured on 03/01/10 and presents with back pain, left leg pain, neck pain, and left shoulder pain. The request is for Tizanidine 4 MG #90. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 09/26/14. MTUS Guidelines pages 63 through 66 state recommended non- sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. They also state, this medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The 09/26/14, 11/04/14, 01/19/15, 02/24/15, and 03/24/15 reports indicate that the patient rates his pain as a 9/10. The patient is diagnosed with post-laminectomy syndrome, lumbar and sciatica. He has tenderness along the paravertebral muscles and along the sciatic notch. The treater does not specifically discuss efficacy of Tizanidine on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Tizanidine IS NOT medically necessary.

**Protonix 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section 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 03/01/10 and presents with back pain, left leg pain, neck pain, and left shoulder pain. The request is for PROTONIX 20 MG #30. The utilization review denial letter did not provide a rationale. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 11/04/14. 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." As of 04/21/15, the patient is taking Tizanidine and Hydrocodone/APAP. The 11/04/14 report states that the patient has developed "some opiate induced gastritis." The 02/24/15 report states that "he is requesting Protonix again, to cover his gut from the effects of Hydrocodone/APAP." In this case, the requested Hydrocodone/APAP is denied. Therefore, the requested Protonix IS NOT medically necessary.

**Hydrocodone/APAP 5/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 77-80 and 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opiates page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 03/01/10 and presents with back pain, left leg pain, neck pain, and left shoulder pain. The request is for Hydrocodone/APAP 5/325 MG #90. There is no RFA provided and the patient is on temporary total disability. The patient has been taking this medication as early as 09/26/14. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, criteria for use of opiates for long-term users of opiates (6 months or more) 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, criteria for use of opiates, ongoing management 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 page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. The 09/26/14 report states that the patient denies adverse effects and he rates his pain as a 9/10. On 11/04/14, 01/19/15, 02/24/15, and 03/24/15, he rated his pain as a 9/10. The 02/24/15 report states that Hydrocodone/APAP relieve[s] much of his back pain. Although the patient does not have any side effects/adverse behavior, not all 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any before-and-after medication pain scales nor are there any examples of ADLs, which demonstrate medication efficacy. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided as required by MTUS Guidelines. The treater did not provide a urine drug screen to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone/APAP IS NOT medically necessary.

**Serum drug screen x 4 a year:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing section, Steps to avoid opioid misuse, Drug testing page(s): 86-87, 94-95, 43. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter under Urine Drug Testing.

**Decision rationale:** The patient was injured on 03/01/10 and presents with back pain, left leg pain, neck pain, and left shoulder pain. The request is for Serum Drug Screen x 4 a year. The RFA is dated 04/21/15 and the patient is on temporary total disability. MTUS pages 86-87, briefly mentions serum levels when dealing with Methadone, on Opioids, dosing section, stating: when switching from an established dose of methadone to another opioid, we must consider that measurable methadone serum levels will be around for days, so both drugs are now readily available, increasing the overall risk for opioid toxicity .MTUS pages 94-95 for Steps to avoid opioid misuse, does not list serum drug testing, but does recommend frequent random urine toxicology screens. MTUS pg 43 under Drug testing states: "recommended as an option,

using a urine drug screen to assess for the use or the presence of illegal drugs." ODG-TWC, Pain Chapter under Urine Drug Testing states: Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The 04/21/15 report states request authorization for blood serum drug test to determine if patient's serum opiate concentration is within expected steady state range and to ensure patient compliance with our opiate agreement. However, MTUS guidelines recommend urine, not serum, drug screens to detect compliance with the opioid agreement. There is no discussion as to why the physician believes serum blood screens will determine a steady state range, nor is there any documentation reporting this patient is unable to provide a urine sample. Therefore, the request for 4 serum drug screens IS NOT medically necessary.