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| <b>Case Number:</b>   | CM13-0009174 |                              |            |
| <b>Date Assigned:</b> | 10/11/2013   | <b>Date of Injury:</b>       | 09/24/2012 |
| <b>Decision Date:</b> | 08/15/2014   | <b>UR Denial Date:</b>       | 07/22/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/09/2013 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, abdominal pain, sexual dysfunction, posttraumatic stress disorder, anxiety, and sleep disturbance reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy, attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 22, 2013, the claims administrator partially certified Norco for weaning purpose on the grounds that the applicant had failed to profit from the same. Senokot, Prilosec, Motrin, and Norco were denied on the grounds that the attending provider did not furnish the frequency or dosage of the medications in question. The applicant's attorney subsequently appealed. In a June 10, 2014 progress note, the applicant was described as on permanent disability status. The applicant was having persistent complaints of low back and abdominal pain, it was acknowledged. The applicant was also having abdominal bloating, it was further noted. The applicant was using Tylenol, Motrin, Alka-Seltzer, and a pain ointment. Psychotherapy was sought. On November 18, 2013, the applicant was given permanent work restrictions, which the applicant's employer was apparently unable to accommodate. On October 23, 2013, the applicant presented with persistent complaints of low back pain, headaches, neck pain, and abdominal pain. Stress and depression were also noted. The applicant was placed off of work, on total disability. The applicant's complete medication list was not attached. The applicant was simply asked to continue current medications as directed. There was no discussion of medication efficacy. On September 20, 2013, the applicant reported persistent complaints of headaches, neck pain, low back pain, depression, and abdominal pain. The applicant stated that his symptoms were not improving. He was again placed off of work, on total disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**SENOKOT #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy section Page(s): 77.

**Decision rationale:** As noted on page 77 of the MTUS Chronic Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is, per the claims administrator reportedly using an opioid agent, Norco, although it is incidentally noted that the applicant's treating provider does not appear to have furnished the applicant's complete medication list on several office visits, referenced above. Nevertheless, prophylactic provision of the laxative, Senokot is indicated as it appears the applicant is in fact using opioids. Therefore, the request is medically necessary.

**PRILOSEC 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risks topic Page(s): 69, 7.

**Decision rationale:** While page 69 of the MTUS Chronic Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no mention of any active issues with reflux, heartburn, and/or dyspepsia raised on any of the above-referenced progress notes. While the attending provider has suggested that the applicant has had issues with abdominal pain and/or bloating at various points in time, this is not necessarily an indication for Prilosec, a proton pump inhibitor. It is further noted that, contrary to what was suggested on page 7 of the MTUS Chronic Medical Treatment Guidelines, the attending provider has not incorporated any discussion of medication efficacy into any provided progress notes insofar as Prilosec or other medications are concerned. Therefore, the request is not medically necessary.

**NORCO 5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has failed to return to work. The provided progress notes suggest that the applicant's symptoms are unchanged and that the applicant continues to report high levels of pain despite ongoing opioid usage. Therefore, the request for Norco is not medically necessary.