

<b>Case Number:</b>	CM13-0032667		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/03/2002
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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 patient is a 63-year-old male who reported a work related injury on 07/03/2002 as the result of lumbar strain. The patient subsequently presents for treatment of the following diagnoses: lumbar degenerative disc disease, low back pain, and lumbar facet syndrome. The clinical note dated 12/05/2013 reports the patient was seen under the care of [REDACTED]. The provider documents the patient reports an increase in his pain level. The patient denies any other symptoms other than pain. The patient reports his quality of sleep is poor. The clinical note documents the patient's medication regimen includes Nexium 40 mg 1 by mouth q. day, Norco 10/325 one by mouth 3 times a day, Lyrica 50 mg 1 tab by mouth 2 times a day, Soma 350 mg 1 tab by mouth q. day, and Zoloft 100 mg 1 tab by mouth q. day. Upon physical exam of the patient, range of motion to the lumbar spine was restricted with extension limited to 15 degrees, but normal flexion. Upon palpation of the paravertebral muscles, tenderness and tight muscle band was noted on the bilateral sides. Heel and toe walk were normal. Straight leg raise testing was negative. Tenderness was noted over across the axial low back. The patient's motor strength was noted to be 5/5 throughout the bilateral upper and lower extremities. Sensory exam was within normal limits. Upon examination of the patient's deep tendon reflexes, 2/4 was noted throughout, with the exception of ankle jerk on the right 1/4, and on the left absent. The provider documented the patient was status post bilateral lumbar radiofrequency ablation as of 08/09/2013 and reported some relief in his axial low back pain. The provider reported the patient was able to temporarily decrease his use of medications and increase his function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 capsules nexium 40 mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 68-69.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reported the patient did have a history of "stomach upset" due to chronic opioid use. However, the clinical notes failed to evidence the patient's reports of efficacy with this medication for his gastrointestinal complaints. Therefore, support of the patient's current medication regimen is not rendered. In addition, long term utilization of a proton pump inhibitor is not recommended via guidelines. Given all of the above, the request for 30 capsules nexium 40 mg with 2 refills is not medically necessary or appropriate.

**60 tablets Zoloft 100 mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review lacked evidence of the patient's reports of efficacy with his current medication regimen as far as Zoloft being utilized for any anxiety or depression complaints. The patient had been maintained on a lower dose of Zoloft; with the provider recently increasing the patient's use to Zoloft 100 mg 1.5 tabs daily for mood. There was no rationale provided for the increase in the medication use. Given the lack of documentation of rationale for increase in use and the patient's reports of efficacy with this medication, the current request is not supported. California MTUS does support utilization of antidepressants for chronic pain patients; however, without documentation supporting the above, the request for 60 tablets Zoloft 100 mg with 2 refills is not medically necessary or appropriate.

**90 tablets of lyrica 50 mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review documents the patient is to utilize Lyrica 50 mg 1 tab by mouth 3 times a day for

radicular symptoms. The clinical notes failed to evidence recent objective findings of radicular symptoms that would support the continued utilization of Lyrica. In addition, the provider failed to document the patient's reports of efficacy subjectively for the patient's radicular symptoms. Lyrica is in the anti-epilepsy drug class, recommended for neuropathic pain. Given the lack of documentation objectively evidencing the patient's reports of efficacy with this medication, as well as any evidence of radiculopathic symptomatology, the request for 90 tablets of Lyrica 50 mg with 2 refills is not medically necessary or appropriate to support continued utilization.

**60 tablets soma 350 mg with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The current request is not supported. California MTUS indicates Soma is not recommended. This medication is not indicated for long term use. Additionally, previous urine drug screen dated 01/08/2013 documented the patient's urine did not detect any Soma. Detection window was noted to be 2 days to 4 days. Guidelines do not support utilization of this medication for chronic use. Given the lack of evidence that the patient is compliant with his medication regimen as the patient was advised to utilize this medication 1 tab 2 times daily for muscle spasms, in addition to lack of efficacy of treatment and lack of support for chronic utilization of this medication, the request for 60 tablets soma 350 mg with 2 refills is not medically necessary or appropriate.