

<b>Case Number:</b>	CM13-0033619		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/11/2007
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 physical medicine and rehabilitation and has a subspecialty in pain medicine and is licensed to practice in Oklahoma and Texas. 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.

### 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 initially received x-rays of the head, cervical spine, and lumbar spine with no abnormalities found. He was diagnosed with head, neck, and back trauma and medication for pain and inflammation was dispensed. Approximately 3 to 4 weeks after the initial injury, the patient received an MRI of the thoracic spine. He was informed that he had a compression fracture to his T6 region and was referred to a spine specialist for a surgical consultation. Official report of this MRI was not included for review. An official whole body bone scan performed on 10/15/2007, reported lesions to the right 6th rib indicating prior trauma and other results compatible with a known compression fracture. The patient then received another MRI scan of the lumbar spine on 10/12/2007 that reported a broad-based disc protrusion at L4-5 impressing on the cord and multiple disc bulges with neural foraminal narrowing at L1-2, L2-3, L3-4, and L5-S1. The patient received an unknown duration of physical therapy and acupuncture, as well as chiropractic manipulation with unknown outcomes. The patient is also reported to have received an additional MRI of the lumbar spine on 08/01/2008 that reported a 1 mm protrusion at L1. On 10/10/2009, the patient received another MRI scan of the thoracic spine that reported a 2 mm posterior disc protrusion pressuring the thecal sac at C6-7 and a 2 mm posterior disc protrusion pressuring the thecal sac at T4-5. In 02/2010, the patient received bilateral L4-5 and L5-S1 nerve blocks with an unknown result. Another lumbar MRI performed on 07/13/2012 reported slightly narrowed and desiccated disc at L1-2 with a 2 mm paracentral disc bulge without significant spinal canal narrowing, as well as a 2.2 mm central and left paracentral disc bulge at L4-5. A lower extremity EMG performed on 10/16/2012 showed no radiculopathy. The patient continues to report neck, thoracic spine, and lumbar spine pain, as well as testicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines recommend the use of opioids to treat chronic pain. Recommendations for ongoing management of opioid use include the monitoring of medication compliance using frequent drug urine screens; assessing the patient's current pain level; the least reported pain since the last assessment; the patient's average pain level; intensity of pain after taking the opioid; how long it takes for pain relief to begin; and how long pain relief lasts. It is also recommended that functional ability should be measured every 6 months using a numerical scale or validated instrument. According to the most recent clinical note submitted for review dated 03/5/2013, the patient reports a pain level of 3/10 to 6/10. There is no discussion of the least reported pain over the period since his last clinical visit, the patient's intensity of pain after taking the opioid; how long the opioid takes to induce pain relief; or how long the pain relief lasts. There was also no inclusion of any recent urine drug screens or functional ability measurements. As such, guideline recommendations have not been met and medical necessity cannot be determined. Therefore, the request for Norco 10 mg #90 is non-certified.

**Omeprazole 20 MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS/ACOEM Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events. These risk factors include being over the age of 65; history of peptic ulcer, GI bleeding, or perforation; current use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The most recent list of medications was listed on 01/15/2013 and included Norco 10/325 mg twice a day, omeprazole 20 mg every day, and Medrox ointment twice a day to affected areas. The patient does not have any of the risk factors, as he is under 65 years of age; has no recorded history of peptic ulcers, GI bleeding, or perforation; does not appear to be using aspirin, corticosteroids, or anticoagulants concurrently; and is not reported to be using high dose or multiple NSAIDs. Although the patient reports GI problems in relation to opioid use, use of an antiemetic or anti-nausea medication in place of a PPI, should be considered. As such, the decision for omeprazole 20 mg is non-certified.

