

<b>Case Number:</b>	CM13-0036306		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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 Internal Medicine has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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:

This patient reports a date of injury of 7/5/13. The mechanism of injury is described as hurting her back while lifting a piece of heavy furniture. The patient has complained of lower back pain since the date of injury. Radiographs, per the primary provider report, showed degenerative changes of the thoracic and lumbar spine. The patient has been treated with physical therapy and medications. Objective: tenderness to palpation of the paraspinal muscles of the lumbar spine, decreased and painful range of motion of the lumbar spine, patchy decreased sensation of the right lower extremity in an L5 distribution. Diagnoses: lumbosacral strain, lumbar radiculopathy. Treatment plan and request: Norco, Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-85, 88-89.

**Decision rationale:** This patient has complained of lower back pain since date of injury on 7/5/13. She has been treated with physical therapy and medications, to include an opioid for at least 4 weeks prior to this request without documented improvement in pain. No treating

physician reports adequately address the specific indications for the ongoing use of opioids. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing and an opioid contract. There is no evidence of specific functional benefit or adequate monitoring noted with the use of opioids thus far. On the basis of this lack of documentation, and per the MTUS guidelines cited above, Norco is not indicated as medically necessary in this patient.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** This patient has complained of lower back pain since date of injury on 7/5/13. She has been treated with physical therapy and medications. This is the first request noted in the available medical records for a proton pump inhibitor. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. Cotherapy of a PPI with an NSAID is not indicated in patients other than those at higher risk, as described in the MTUS. No reports describe the specific risk factors present in this patient. In the MTUS citation listed above, PPIs are noted to predispose patients to hip fractures. There is also a significantly increased risk of hip, wrist and spine fractures, pneumonia and Clostridium difficile diarrhea with the use of PPIs. On the basis of the MTUS guidelines cited above and the lack of documentation in the available medical records, Prilosec is not indicated as medically necessary.