

<b>Case Number:</b>	CM13-0041164		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	03/17/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 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:

According to the records made available for review, this is a 35-year-old male with a 3/4/04 date of injury. At the time of request for authorization for Norco, Anaprox DS, Prilosec, and trigger point injections, there is documentation of subjective findings of low back pain with radicular symptoms to the lower extremities, and objective findings of stiff and antalgic gait; tenderness to palpation bilaterally with increased muscle rigidity; numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion with flexion and extension with guarding; decreased motor strength of lower extremities; positive straight leg raise; and decreased sensation globally on the left lower extremity. The current diagnoses include: lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, situational depression, cervical spine myofascial injury, and medication induced gastritis. The treatment to date include: lumbar epidural injection, and spinal cord stimulator. The medications include: Norco, Anaprox DS, and Prilosec since at least 3/12/13. Regarding Norco, there is no documentation of short-term treatment with opioids and ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Regarding Anaprox DS, there is no documentation of relief of the signs and symptoms of osteoarthritis, chronic low back pain, and acute exacerbations of chronic pain. Regarding Prilosec, there is no documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and age > 65 years. Regarding trigger point injections, there is no documentation of myofascial pain syndrome, that additional medical management therapies (physical therapy) have failed to control pain, and that radiculopathy is not present.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Norco 10/325mg #240: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** The Chronic Pain Guidelines recommend documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Norco. In addition, the guidelines indicate that opioids for chronic back pain appear to be efficacious, but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited, as criteria necessary to support the medical necessity of Norco. Within the medical information available for review, there is documentation of diagnoses of lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, situational depression, cervical spine myoligamentous injury, and medication induced gastritis. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed. However, given documentation of Norco since at least 3/12/13, there is no documentation of short-term treatment with opioids. In addition, there is no documentation there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #240 is not medically necessary.

**Retrospective request for Anaprox DS 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Guidelines identifies documentation of relief of the signs and symptoms of osteoarthritis, chronic low back pain, and acute exacerbations of chronic pain as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). Within the medical information available for review, there is the documentation of diagnoses of lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, situational depression, cervical spine myoligamentous injury, and medication induced gastritis. However, there is no documentation of relief of the signs and symptoms of osteoarthritis, chronic low back pain, and acute exacerbations of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Anaprox DS 550mg #60 is not medically necessary.

**Retrospective request for Prilosec 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The Chronic Pain Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). The Official Disability Guidelines identifies documentation of the risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of a diagnosis of lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, situational depression, cervical spine myoligamentous injury, and medication induced gastritis. However, despite documentation of an associated request for Anaprox DS, and a diagnosis of medication induced gastritis, there is no documentation of the risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and an age greater than 65 years. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.