

<b>Case Number:</b>	CM13-0041815		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 56 year-old male who was injured on 6/14/2005 when he was making a delivery and fell down some stairs. He has been diagnosed with post-laminectomy syndrome; lumbar disc disease; and lumbar radiculitis. According to the 7/12/13 neurosurgery report from [REDACTED], the patient presents with constant moderate to severe low back and left sciatica pain. He takes trazadone, gabapentin, Norco, naproxen, Prilosec, nortriptyline, Percocet and Cymbalta. [REDACTED] recommends a spinal cord stimulator. On 10/7/13 UR recommended non-certification for Norco, Prilosec and trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120 1 PO Q 6 HRS PRN PAIN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, specific drug list Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Long-term Opioid Use Page(s): 88-89.

**Decision rationale:** The employee presents with low back pain and left sciatica. The employee has been diagnosed with post-laminectomy syndrome. The records from the neurosurgeon

provided for this IMR included the 2/28/13, 4/23/13, 6/7/13, 7/12/13, 9/16/13, and 10/31/13. I have been asked to review for necessity of Norco. The employee has been using Norco since the 2/28/13 report and it was listed on all the reports through 10/31/13, but there is no discussion of efficacy, or assessment of pain or function on a numeric scale. The MTUS guidelines for Opioids, long-term users (6-months or more), under Criteria for Use of Opioids, requires the physician to: "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. The MTUS guidelines do not recommend continuing treatment if there is not a satisfactory response.

**PRILOSEC 20MG #60 1 BID:** Upheld

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

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

**Decision rationale:** The employee presents with low back pain and left sciatica. The employee has been diagnosed with post-laminectomy syndrome. The records from the neurosurgeon provided for this IMR included the 2/28/13, 4/23/13, 6/7/13, 7/12/13, 9/16/13, and 10/31/13. I have been asked to review for necessity of Prilosec. The employee has been using Prilosec since the 2/28/13 report and continued through 10/31/13. The Review of Systems indicates there are no GI issues. None of the reports mention dyspepsia with use of the NSAID. The MTUS guidelines allow for prophylactic treatment of GI events, if the patient has the risk factors. None of the available medical reports discuss the MTUS risk factors for GI events. The employee was not reported to have GERD, or dyspepsia from NSAID, and does not have the MTUS guideline risk factors for GI events. The use of Prilosec does not appear to be in accordance with the MTUS guidelines.