

<b>Case Number:</b>	CM13-0048050		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/20/2008
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 57 year old who was injured in a work related accident on October 20, 2008. The recent clinical assessment includes an August 1, 2013 clinical report indicating continued complaints of low back pain with bilateral lower extremity numbness and tingling. It states symptoms are continuing to persist despite medication management, physical examination was with guarding, restricted range of motion, spasm and tenderness to palpation, neurologic findings were not documented. An epidural steroid injection was recommended at that date. The previous MRI scan available for review from February 5, 2013 showed loss of disc height L4-5 with posterior disc bulging and L5-S1 disc bulge. The medication management was recommended to continue at that date to include Lidocaine patches, Norco, Anaprox and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LIDO PATCHES 5%, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The Expert Reviewer's decision rationale: The MTUS Guidelines do not support the continued role of Lidoderm patches. They are only recommended as a second line agent for topical use where first line agents have failed. The records do not indicate first line agents for a diagnosis of neuropathic pain. The acute need of this agent would not be supported. The request for Lido Patches 5% #30 are not medically necessary.

**NORCO 2.5/325, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS ,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS Guidelines would not support the continued role of Norco. At the last clinical assessment it was stated the claimant's medication regimen was providing minimal relief with the claimant continuing to be symptomatic for which epidural steroid injection were being recommended. The use of this short acting narcotic analgesic and a lack of documentation of benefit or advancement of physical activities fail to necessitate its long term use. The request for Norco 2.5/325, #60 is not medically necessary.

**ANAPROX 550, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS Guidelines would not support the continued role of Anaprox. The claimant was with chronic pain complaints to the low back. Given the claimant's lack of documentation of benefit and no indication of symptomatic flare of clinical findings the continued role of this non steroidal agent is not supported. The request for Anaprox 550, #60 is not medically necessary.

**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 Page(s): 68-69.

**Decision rationale:** The Expert Reviewer's decision rationale: The CA MTUS Guidelines would not support the role of Prilosec. A proton pump inhibitor would only be indicated if

significant Gastrointestinal risk factors is noted per the guideline criteria that would include age greater than 65 years and concordant use of aspirin, corticosteroid, multiple high does not steroidal usage of previous peptic ulcer disease, gastrointestinal bleeding or perforation. The clinical records do not indicate the claimant to be with specific risk factors from the guideline criteria to support the role of the protective proton pump inhibitor. The role of continued use of Prilosec is not noted. The request for Prilosec 20mg, #60 is not medically necessary.