

<b>Case Number:</b>	CM13-0048200		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/03/1992
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pulmonary Diseases 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:

The patient is a 71-year-old male who reported an injury on 06/03/1992. The patient is currently diagnosed with lumbar disc disease, lumbar radiculitis, postlaminectomy syndrome, and chronic pain. The patient was recently seen by [REDACTED] on 12/12/2013. The patient reported ongoing lower back pain. Physical examination revealed limited lumbar range of motion, tenderness to palpation of bilateral paraspinal muscles with spasms and trigger points, and diminished sensation over the left anterolateral thigh and calf. Treatment recommendations included continuation of current medication including Percocet, Somnicin, Genicin, Naproxen, Prilosec, Gabapentin, Xanax, Ambien, and Pepcid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120:** 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 Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and

functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report lower back pain. There has been no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Based on the clinical information received, the request is non-certified.

**Somnicin #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Insomnia Treatment.

**Decision rationale:** Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation, and paradoxical intension. As per the clinical notes submitted, the patient has continuously utilized this medication. There is no documentation of chronic insomnia or sleep disturbance. There is also no evidence of a failure to respond to nonpharmacologic treatment prior to initiation of a prescription medication. In addition, the patient is concurrently taking Ambien 10 mg for insomnia as well. Based on the clinical information received, the request is non-certified.

**Genicin 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

**Decision rationale:** California MTUS Guidelines state glucosamine and chondroitin sulfate is recommended as an option, given its low risk in patients with moderate arthritis pain, especially for knee osteoarthritis. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report lower back pain. There is no significant change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is non-certified.