

<b>Case Number:</b>	CM13-0053120		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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. 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 61 year old male with date of injury 11/2/2010. The mechanism of injury is stated as a fall to the ground. The patient has complained of bilateral upper extremity pain, low back pain and right lower extremity pain since the date of injury. He has been treated with physical therapy, medications and epidural corticosteroid injection. MRI of the cervical spine dated 05/2011 revealed multilevel disc disease, left foraminal stenosis at C4-C5 and mild stenosis with moderate bilateral foraminal narrowing at C6-7. MRI of the lumbar spine performed in 01/2011 revealed multilevel disc disease at L4-S1 with bilateral neuroforaminal narrowing at these levels. Objective: decreased range of motion of the cervical spine, decreased sensation of the bilateral lateral hands, decreased deep tendon reflexes of the bilateral upper extremities; decreased range of motion of the lumbar spine, positive straight leg raise on the right, decreased sensation of the left L4-S1 dermatome. Diagnoses: lumbar spine disc disease with radiculitis, cervical spine disc disease with radiculitis. Treatment plan and request: Prilosec, Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 40 mg #30:** 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): 67-68.

**Decision rationale:** This injured worker has complained of chronic upper extremity pain, lower back pain and right lower extremity pain since date of injury 11/2/2010. The injured worker has been treated with physical therapy, epidural corticosteroid injection and medications to include prilosec since at least 08/2013. The current request is for Prilosec. According to the MTUS guidelines cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this injured worker. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, prilosec is not indicated as medically necessary in this injured worker.

**Nucynta 100 mg #60:** 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), Pain, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This injured worker has complained of chronic upper extremity pain, lower back pain and right lower extremity pain since date of injury 11/2/2010. The injured worker has been treated with physical therapy, epidural corticosteroid injection and medications to include Nucynta since at least 08/2013. The current request is for Nucynta. No treating physician reports adequately assess the injured worker 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, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not indicated as medically necessary.