

<b>Case Number:</b>	CM13-0053872		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	05/19/2014	<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 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 patient is a 48-year-old injured July 27, 2007. The patient sustained an injury to the low back. Clinical follow up of September 18, 2013 indicate follow up with [REDACTED] where he reviewed a recent urine drug screen consistent with the patient's current usage of medications and recommended continuation of medication management. Further follow up with [REDACTED] of November 25, 2013 gave subjective complaints of pain with limited range of motion and impaired activities of daily living. He recommended the purchase of an H-wave device at that time but did not demonstrate further physical examination findings. There is no formal imaging available for review. The patient's current working diagnosis is not formally provided. Careful review of all medical records for review fail to demonstrate any degree of physical examination findings in regards to the patient's low back or documentation of other forms of treatment other than medications alone. Previous utilization review process has discontinued and provided weaning doses of narcotics. The patient, a 48-year-old, injured the low back on July 27, 2007. In a follow-up report dated September 18, 2013, [REDACTED] noted that he reviewed the results of a recent urine drug screen consistent with the patient's current usage of medications and recommended continuation of medication management. In a follow-up note dated November 25, 2015, [REDACTED] documented that the patient reported subjective complaints of pain with limited range of motion and impaired activities of daily living. No physical findings or documentation of imaging or forms of conservative treatment other than medications were noted in the records provided for review. A working diagnosis was not provided. The use of an H-wave device was also recommended. Previous utilization review process has discontinued the use of narcotics and provided weaning doses. This review addresses the request for Norco 10/325, Zegerid, Neurontin, Vistaril, Relafen, Prilosec, Flector Patch and Baclofen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone Page(s): 76-80, 91-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the continued use of Norco in this case. A prior utilization review determined that continued use of the medication regimen is not medically necessary; weaning doses were provided. The reviewed records contain no physical examination findings that would warrant the current medication therapy, nor do the records document significant benefit of treatment with Norco. The request for Norco 10/325 mg, sixty count, is not medically necessary or appropriate.

**ZEGERID 20MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the continued use of Zegerid would not be indicated. This is a proton pump inhibitor used as a protective gastrointestinal agent. The reviewed records do not document indications of significant gastrointestinal risk, as provided in the Chronic Pain Medical Treatment Guidelines that would warrant the use of a protective proton pump inhibitor. The request for Zegrid 20 mg, thirty count, is not medically necessary or appropriate.

**NEURONTIN 600MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, Anti-Epileptic Page(s): 49, 18-19.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend the continued use of Neurontin. The reviewed clinical records do not indicate a diagnosis of a neuropathic process or physical examination finding specific of a neuropathic process that would establish the need for Neurontin. The request for Neurontin 600 mg, 120 count, is not medically necessary or appropriate.

**VISTARIL 24MG #60:** Upheld

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

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

**Decision rationale:** The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. According to Official Disability Guidelines, the continued use of Vistaril, a sedative, would not be indicated, as the records provided for review do not document a diagnosis of insomnia or clinical indication for use of a sedative. In the absence of documentation of subjective complaints, objective findings or other indications of the need for treatment, the request for Vistaril would not be supported as medically necessary. Therefore, the request for Vistaril 24 mg, sixty count, is not medically necessary or appropriate.

**RELAFEN 750MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk, Relafin Page(s): 68-69, 72.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines would not support the continued role of Relafen in this patient's treatment. The Chronic Pain Medical Treatment Guidelines recommend the use of non-steroidal medication at the lowest dose possible for the shortest duration possible. Under the patient's current medication regimen, evidence of subjective improvement through examination or clinical assessment is not documented. Absent documentation of an acute, symptomatic flare, the use of this drug in the chronic setting would not be supported as medically necessary. The request for Relafen 750 mg, sixty count, is not medically necessary or appropriate.

**PRILOSEC 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the use of Prilosec for this patient. The reviewed records do not indicate why the patient is being treated with two protective proton pump inhibitors. There is no documentation of significant

gastrointestinal risk factors. The request for Prilosec 20 mg, thirty count, is not medically necessary or appropriate.

**FLECTOR PATCH 1.3%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support treatment with Flector patch, or topic diclofenac, in this patient. Topical diclofenac, is only indicated for relief of osteoarthritic joint pain that lends itself to topical treatment. No available evidence supports the use of this agent in the spine or the shoulder. Given the patient's current complaints of low back pain, there would be no acute indication for the use of this topical agent. The request for Flector patch 1.3% is not medically necessary or appropriate.

**BACLOFEN 20MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen: Muscle Relaxants For Pain Page(s): 63-64.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not support the use of muscle relaxants in this patient. The Chronic Pain Medical Treatment Guidelines state that muscle relaxants in the chronic setting are only utilized as a second-line agent for acute exacerbations or symptomatic flare. In this case, clinical records document a stable presentation with no indication of acute exacerbation or physical examination findings. The request for Baclofen 20mg, sixty count, is not medically necessary or appropriate.