

<b>Case Number:</b>	CM13-0061889		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/08/2004
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 40-year-old male who reported a work related injury on 02/08/2004. Recent clinical documentation stated the patient had a consultation with a neurosurgeon who did not recommend surgery but recommended pain management with epidural steroid injections. The patient reported his low back pain radiated to the inner-scapular/mid back area. The patient reported difficulties with activities of daily living. His diagnoses included left lumbar radiculopathy, secondary insomnia, and fall due to left leg giving out from left radiculitis, causing left ankle sprain. A request was made for 1 prescription of Norco 10/325 mg #120, 1 prescription of ibuprofen 800 mg, and 1 prescription of Prilosec 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78-80.

**Decision rationale:** California MTUS Guidelines for Chronic Pain indicate to continue opioids if the patient has returned to work and if the patient has improved functioning and pain relief.

There was no evidence given in the submitted documentation that the patient had returned to work and there was no documentation of the patient's improved functioning and pain relief due to the use of Norco. There were no functional benefits noted for the patient, which could be objectively measured due to the use of Norco. The California Chronic Pain Medical Treatment Guidelines recommend the continued use of Norco if there is functional improvement with medication use. Given the above, the decision for 1 prescription of Norco 10/325 mg #120 is non-certified.

**IBUPROFEN 800MG:** 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) Page(s): 67-73.

**Decision rationale:** California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief of chronic low back pain. Guidelines state that a Cochran review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review found that NSAIDs had more adverse effects than placebo and acetaminophen. Guidelines state that it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. It was unclear per submitted documentation how long the patient had been prescribed ibuprofen. There were no functional improvements reported by the patient due to the use of ibuprofen. The records reviewed did not reflect significant pain reduction despite medication use. Therefore, the decision for 1 prescription of ibuprofen 800 mg is non-certified.

**PRILOSEC 20MG:** 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** For patients at intermediate risk for gastrointestinal events and no cardiovascular disease, California MTUS Guidelines for Chronic Pain recommend a non-selective NSAID with either a proton pump inhibitor or a COX-2 selective agent. Per recent clinical documentation submitted for review, the patient was reported to take Prilosec/omeprazole capsule 20 mg 1 to 2 daily due to NSAID causing GI upset, as well as to prevent GI complication from NSAIDs. There were no subjective complaints or objective findings of signs or symptoms of GI distress for the patient in the submitted documentation. The patient was not noted to have symptoms of gastroesophageal reflux disease or sign/symptoms of gastric ulcer. There was no rationale provided for the continued use of Prilosec for the patient as

he was not noted to have symptoms of gastroesophageal reflux disease or sign/symptoms of gastric ulcer. Therefore, the request for 1 prescription of Prilosec 20 mg is non-certified.