

<b>Case Number:</b>	CM13-0067871		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Physical Medicine and 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 55-year-old male who reported an injury on 05/26/2010. The mechanism of injury was not provided. The patient's medication history included Norflex, Xanax, Norco, Neurontin, NSAIDs, morphine, and Prilosec as of 01/2013. The patient's diagnosis was noted to be right-sided L5 lumbar radiculopathy. The examination of 11/20/2013 revealed the patient had a pain score of 7/10 to 9/10. The patient had radicular pain in the legs, right more than left, with tingling, numbness, and paresthesia. The patient took his medications regularly. The patient's diagnoses were noted to include failed back surgery syndrome, grade 2 anterolisthesis of L5 on S1 secondary to L5 pars defect, multilevel lumbar spondylolisthesis at L4-5 and L5-S1 level, right-sided L5 lumbar radiculopathy, and chronic myofascial pain syndrome. The plan included the patient's pain had severely escalated and as such, the patient would need to continue the medications, a home exercise program, and may possibly need an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norflex 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommend for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient has been on the medication for greater than 6 months. There was a lack of documentation of objective functional improvement. The request, as submitted, failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Norflex 100 mg is not medically necessary.

**One prescription of Xanax 0.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Benzodiazepine Page(s): 24.

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiologic dependence. The clinical information submitted for review indicated the patient had been on the medication for greater than 6 months. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Xanax 0.5 mg is not medically necessary.

**One prescription of Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Medications for Chronic pain; Ongoing Management Page(s): 60; 78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 6 months. There was a lack of documentation of the above recommendations including an objective improvement in function, an objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Norco 10/325 mg is not medically necessary.

**One prescription of Neurontin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California MTUS guidelines recommend antiepileptic medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain and an objective functional improvement. The clinical documentation submitted for review failed to indicate the patient had neuropathic pain. There was a lack of documentation of an objective decrease in pain and an objective functional improvement. The request as submitted failed to indicate the quantity of medication being requested. The patient had been on the medication for greater than 6 months. Given the above, the request for 1 prescription of Neurontin 600 mg is not medically necessary.

**One prescription of Naproxen 550mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain. There should be documentation of objective improvement and objective decrease in the VAS score for continued use. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 6 months. There was a lack of documentation of an objective decrease in the VAS score and of objective improvement. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of naproxen 550 mg is not medically necessary.

**One prescription of Morphine ER 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Medications for Chronic pain; Ongoing Management Page(s): 60; 78.

**Decision rationale:** California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the patient had been taking the medication for greater than 6 months. There was a lack of documentation of the above recommendations including an objective improvement in function, an objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the quantity of medication being requested.

Given the above, the request for 1 prescription of Morphine ER 15 mg is not medically necessary.

**One prescription of Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend Proton Pump Inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient had been on the medication for greater than 6 months. The physician was requesting the medication for stomach upset and heartburn. As the medications, including NSAIDs were not medically necessary, the request for Prilosec is not medically necessary. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for 1 prescription of Prilosec 20 mg is not medically necessary.