

<b>Case Number:</b>	CM14-0005438		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/15/1999
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 54-year-old male who reported an injury on 06/15/1999; the mechanism of injury was not provided. On 01/08/2014, the injured worker presented with continued self treatment including medications. Upon examination, there was tenderness to palpation to the upper, mid, and lower paravertebral muscles, increased pain with lumbar flexion and extension, and decreased sensation over the lower extremities. The diagnoses were chronic lumbar spine strain and lumbar radicular syndrome. A medication list was not provided. The provider recommended Norco 2.5 mg, naproxen 550 mg, and Protonix 20 mg. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5mg, #60:** 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 Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The request for Norco 2.5mg, #60 is not medically necessary. California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the included medical documents did not state whether Norco is a continuing or new prescription medication. The efficacy of the medication was not provided. The provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.

**Naproxen 550mg, #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 NSAID's Page(s): 70..

**Decision rationale:** The request for Naproxen 550mg, #120 is not medically necessary. California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis, including knee and hip, and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The included medical documentation does not indicate whether this is a new or continued medication, and the efficacy of the naproxen was not provided. Additionally, the provider's request does not indicate the frequency of the medication. As such, the request is not medically necessary.

**Protonix 20mg, #90:** 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 GI Symptoms & Cardiovascular risk Page(s): 68..

**Decision rationale:** The request for Protonix 20mg, #90 is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age greater than 65 years old; (2) history of peptic ulcer, GI bleed, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose multiple NSAIDs. The medical documentation did not indicate the injured worker had gastrointestinal symptoms. It was unclear

if the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Additionally, the provided documentation did not indicate whether Protonix was a continued or new prescription, and the provider's request did not indicate the frequency of the requested medication. Therefore, the request is not medically necessary.