

<b>Case Number:</b>	CM14-0008940		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/01/2010
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Internal Medicine 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 34 year old male who was injured on September 1, 2010 where he fell off a truck sustaining a cervical fracture and epidural hematoma s/p craniotomy. Prior treatment history has included lumbar epidural steroid injections on May 6, 2013 and June 25, 2013. Progress note dated January 3, 2014 documented the patient with complaints of headaches, back and neck pain with dizziness. The headaches are frontal. He has already tried numerous anti-depressants and anti-epileptic prophylactic medications without relief. He complains of low back pain that radiates down his lower limbs in the L5 and S1 distribution bilaterally worse on the left. On his previous lumbar steroid injection, he found relief greater than 50%. He is currently taking Norco and Robaxin and recently added ibuprofen which helps decrease the severity of his pain by more than 55% and increases his functional level. The current medications include Topiramate, ibuprofen, Norco, Robaxin and Zantac, Objective findings on examination of the lumbar spine reveal straight leg raise on the right negative and on the left at 60 degrees positive. Palpation of the lumbar facet reveals pain on both sides at L3-S1 region. Anterior lumbar flexion causes pain. Motor strength is grossly normal. Upper extremity sensation is grossly intact. Lower extremities sensation decreased in the L5 and S1 distribution. The patient's diagnoses were a cervical fracture and epidural hematoma stat7us post craniotomy. The treatment plan included Botox injections, Chiropractic rehabilitation sessions for his lumbar spine x 12, a refill of Robaxin and a refill of Norco. The UR report dated January 10, 2014 denied the request for ibuprofen 800 mg #90 because the patient has been recommended ibuprofen since November 18, 2013. Due to the length of time ibuprofen has been prescribed, the request for 1 prescription of ibuprofen is non-certified. The request for Zantac 150 mg #90 was denied because the patient has reported he continues to take Zantac for gastrointestinal issues; however he denies nausea, constipation or gastrointestinal upset. The request for Norco 5/325 mg #90 was modified to Norco 5/325 mg #31

with the remaining 59 pills not-certified. The patient has been recommended Norco for well over 16 weeks. The first documented prescription of Norco was dated March 11, 2013. There has not been any documented change in the patient's activities of daily living or pain status since November 7, 2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **IBUPROFEN 800MG #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS recommends using NSAID therapy at the lowest dose for the shortest period of time. The clinical documents note the patient has been on ibuprofen since at least November 2013 which exceeds guideline recommendation for short term use. The documents do not provide sufficient information to justify the use of chronic ibuprofen which is outside of guideline recommendations. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

#### **ZANTAC 150MG #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS recommends H2 antagonists/proton pump inhibitors (PPI) for patients on NSAID therapy with increased risk of adverse GI events. H2 antagonists/PPIs are also used for patients with dyspepsia or gastroesophageal reflux disease. Given that the ibuprofen is not certified, the patient does not require GI prophylaxis with Zantac. The patient does appear to have dyspepsia which is relieved by Zantac. However, from the clinical documents it appears the symptoms may be related to chronic non-steroidal anti-inflammatory drugs (NSAID) use. Given that the California MTUS does not certify ibuprofen, the patient's GI symptoms are likely to improve. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

#### **NORCO 5/325 MG #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75-94.

**Decision rationale:** The California MTUS recommends chronic opioid therapy for pain when specific criteria are met. Amongst the criteria are no aberrant behavior, no adverse effects, improved analgesia, and improvement in functionality. The documents show the patient has returned to work with improved analgesia. The patient does not appear to have any adverse effects or have demonstrated aberrant behavior. Given that the California MTUS does not certify ibuprofen, there is concern that discontinuing two pain medications simultaneously may cause a significant increase in pain and an inability to continue work. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.