

<b>Case Number:</b>	CM14-0010886		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	07/16/2001
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Occupational 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 Physician 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 51-year-old female who has submitted a claim for post laminectomy syndrome, status post implant morphine pump, cervical radiculitis, and C6-7 HNP (herniated nucleus pulposus) with impingement associated with an industrial injury date of July 16, 2001. Medical records from 2013 to 2014 were reviewed. The patient complained of lower back pain and left cervical radicular symptoms. Physical examination showed antalgic gait, decreased cervical lordosis, decreased sensation in the left arm at C6 to hand, positive Spurling's, and decreased left hand grip. Treatment to date has included NSAIDs, opioids, anticonvulsants, topical analgesics, proton pump inhibitors, psychotropic medication management, home exercise programs, physical therapy, cervical epidural steroid injection, intrathecal pump, and surgery. Utilization review from January 20, 2014 modified the request for Norco 10/325MG, #180 to Norco 10/325MG, #140 because pain contract was not mentioned in the records provided. The request for Prilosec 20MG, #60 was modified to Prilosec 20MG, #30 because medical necessity for BID dosage schedule was not necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the California MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The monitoring of these outcomes over time should affect therapeutic decision and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the injured worker has been on Norco since August 7, 2013. The injured worker complained of lower back pain and left cervical radicular symptoms. However, there were no reports of functional gains attributable to Norco use. Recent progress notes reported moderate pain relief due to the intrathecal pump. Therefore, the request for Norco 10/325 mg, #180 is not medically necessary.

**Prilosec 20 mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

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

**Decision rationale:** According to page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the injured worker has been on Prilosec since January, 2014. The injured worker complained of lower back pain and left cervical radicular symptoms. There was no history nor current reports of gastrointestinal symptoms and diseases. However, the injured worker is on multiple NSAID treatment. Medical necessity for Prilosec was established. Therefore, the request for Prilosec 20MG, #60 is medically necessary.