

<b>Case Number:</b>	CM14-0019602		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	07/03/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2014

### 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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas & Ohio. 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 29-year-old male who reported injury on 08/30/2012. The mechanism of injury was the injured worker was welding metal boxes while bending over and on finishing the third box the injured worker felt pain. The injured worker's medications included Anaprox 550 mg, Prilosec 20 mg, Flexeril 7.5 mg, Ultram 150 mg, Norco 10/325 mg tablets, Lido Keto cream with Flexeril, and Flurbiprofen, capsaicin, menthol, and Camphor topical ointment as of 2012. The documentation of 01/27/2014 revealed the patient was continuing with functional restoration and self-treatment. Diagnoses included lumbar spine strain, lumbar radiculopathy, and lumbar disc protrusion at L3-4 and L4-5. The documentation indicated the injured worker would complete his scheduled functional restoration sessions. The injured worker indicated that the medications helped improve day to day activities and aided in decreasing pain. The medications for continuance were Anaprox 550 mg #60, Protonix 20 mg #30 and Norco 5 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CONTINUED FUNCTIONAL RESTORATION 2 X WEEK FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Program, Functional Restoration Program Page(s): 30-32.

**Decision rationale:** The California MTUS Guidelines recommend a functional restoration program for injured workers with conditions that put them at risk of delayed recovery. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The clinical documentation submitted for review failed to provide the duration of care the injured worker had previously undergone. There was a lack of documentation of subjective and objective gains. The request as submitted was for a continuation of functional restoration 2 times a week times 6 weeks. The request as submitted failed to indicate the body part to be treated. Given the above, the request for continued functional restoration 2 times a week for 6 weeks is not medically necessary.

**NORCO 5MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guideline recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior through urine drug screens. It was indicated the medication helped improve the injured worker's day to day activities and decreased pain. However, there was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. The duration of use was greater than 1 year. The strength as submitted was 4/5 mg. Norco is a combination medication with hydrocodone and acetaminophen. Correct strength was not identified. Given the above, the request for Norco 5 mg #60 is not medically necessary.

**PROTONIX 20MG #60:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of efficacy for the requested medication. The request as submitted

failed to indicate the request for the requested medication. Given the above, the request for Protonix 20 mg #60 is not medically necessary.