

<b>Case Number:</b>	CM14-0019737		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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, has a subspecialty in Pain Management 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:

Patient is an employee of [REDACTED] who has submitted a claim for low back and neck pain associated with an industrial injury date of 3/16/2010. Treatment to date has included, lumbar spine epidural injections done on March 29 and June 4, 2012, intra-articular facet joint injections, medications which include Norco 10/325 mg, Zanaflex 4 mg, Anaprox DS 550 mg, Prilosec 20 mg, Prozac 20 mg, OxyContin 20 mg, Doral 15mg which were prescribed since 02/01/2013. Medical records from 2011-2013 were reviewed which revealed continuous complaint of debilitating pain in his neck which radiates down to both upper extremities. Pain on his lower back radiates down to both lower extremities. Physical examination showed posterior cervical musculature tenderness bilaterally with increased muscle rigidity. He is able to bend his chin forward to about 30 degrees and extension is limited to about 20 degrees. Manual Muscle Testing of the upper extremities is 5/5. The claimant has decreased range of motion with obvious muscle guarding. Lumbar flexion is at 30 degrees and extension at 10 degrees. The pain is reproducible with facet loading noted along the lower lumbar spine. Straight leg raise is positive in the modified sitting position on the left at about 40 degrees and on the right at 60 degrees. Manual muscle testing of the left lower extremity is between 4 to 5/5 in comparison to the right lower which is 5/5. Anterior and posterior drawer tests were negative. McMurray's test is positive noted on the left when compared to the right. MRI of the cervical spine done on May 2010 was normal. Lumbar spine MRI revealed a 1 to 2mm disc bulge at L2-3. Electrodiagnostic studies revealed an active left L5 radiculopathy done on 01/25/11. Repeat lumbar spine MRI obtained on 06/26/12 showed Schmorl's node formation, but was otherwise unremarkable. Repeat MRI of the cervical spine obtained on 11/17/12 showed posterior annular tear/fissure at C5-6. Utilization review from 2/6/2014 modified the requests for Norco 10/325mg #180 to Norco 10/325mg #90 which was approved for weaning. Request for Prilosec 20 mg #60 was denied

because medical records do not document the rationale for gastrointestinal prophylaxis. Request for Doral 15mg #30 was modified to Doral 15 mg #15 for weaning purposes.

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

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

**NORCO 10/325MG # 180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco 10/325mg since at least 02/1/13. The medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco 10/325mg, #180 is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAID section, Prilosec, a proton pump inhibitor (PPI) that is often used in conjunction with the use of NSAIDs is prescribed to provide gastrointestinal protection. In this case, patient is being prescribed with Anaprox. However, there was no subjective complaint or objective findings pertaining to the gastrointestinal system that will support PPI use. There is likewise no documented history of stomach ulcer or gastritis. The current clinical and functional status of the patient is not known. Therefore, the request for Prilosec 20 mg #60 is not medically necessary.

**DORAL 15 MG #30:** Upheld

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

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

**Decision rationale:** As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and limits the use of these to 4 weeks. In this case, the patient has been prescribed with Doral 15mg since at least 2013 which exceeded the recommended time for its use. There are likewise no documented functional gains derived from its use. Moreover, the current clinical and functional status of the patient is unknown. Therefore, the request for Doral 15mg #30 is not medically necessary.