

<b>Case Number:</b>	CM14-0126915		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 46 year old with an injury date on 10/20/09. Patient complains of continued lower back pain radiating into the lower extremities with numbness/weakness per 4/7/14 report. He also complains of continuing left ankle/foot pain per 4/7/14 report. Based on the 5/19/14 progress report provided by Dr. [REDACTED] the diagnoses are: 1. lumbosacral radiculopathy 2. Spondylolisthesis 3. ankle tend/burs 4. foot s/sExam on 5/19/14 showed "spasm, tenderness to palpation, and guarding in lumbar paravertebrals. Decreased sensation bilateral in L5 and S1 dermatomes." Exam on 4/7/14 also notes "loss of lumbar range of motion." Dr. [REDACTED] is requesting Prilosec 20mg #360 DOS 7/14/14, Norco 5mg #360 DOS 7/14/14, and Paxil 20mg #180 DOS 7/14/14. The utilization review determination being reconsidered is dated 8/1/14. Dr. [REDACTED] is the requesting provider, and he provided treatment reports from 1/27/14 to 5/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg QTY 360 RFA DOS 7/14/14: Upheld**

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

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

**Decision rationale:** This patient presents with lower back pain and bilateral leg pain. The provider has asked for Prilosec 20mg #360 DOS 7/14/14 on 5/19/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do include an NSAID (Ibuprofen) per 5/19/14 report. However, there are no documentation of any GI issues such as GERD (gastro esophageal reflux disease), gastritis or PUD (planned unit development). The provider does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI (Proton-pump inhibitors) without GI assessment. The patient currently has no documented stomach issues. Therefore, this request is medically not necessary.

**Norco 5mg QTY 360 RFA DOS 7/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80,81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for norco 5mg #360 DOS 7/14/14 on 5/19/14. Patient is taking Norco once per day as needed, and treater states discontinuation will likely cause withdrawal symptomology and decline in ability to perform activities of daily living per 5/19/14 report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's (activities of daily living), adverse side effects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, this request is medically not necessary.

**Paxil 20mg QTY 180 RFA DOS 7/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

**Decision rationale:** This patient presents with lower back pain. The provider has asked for Paxil 20mg #180 DOS 7/14/14 on 5/19/14. Regarding antidepressants, MTUS recommends for neuropathic pain, and as a possibility for non-neuropathic pain. Regarding Paroxetine (Paxil) ODG recommends as second-line treatment (if SSRIs [selective serotonin re-uptake inhibitors])

fail) for PD, SAD, OCD (obsessive-compulsive disorder), and PTSD (post-traumatic stress disorder) as well as major depressive disorder. It is not known how long patient has taken Paxil, but provider records it among current medications in 5/19/14 report. MTUS page 60 states the provider must determine the aim of use, potential benefits, adverse effects, and patient's preference in reference to medications for chronic pain. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, there is not sufficient documentation of improvement in pain and function; improvement in depressive symptoms in relation to use of Paxil. The requested Paxil 20mg #180 DOS 7/14/14 is not medically necessary for this patient at this time. Therefore, this request is medically not necessary.