

<b>Case Number:</b>	CM14-0132430		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 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:

This is a 28-year-old female with a 6/21/12 date of injury. The mechanism of injury occurred in the course of her employment as a stock room manager. According to a progress report dated 8/7/14, the patient complained of low back and bilateral lower extremity pain. She has been experiencing increased numbness affecting the right anterolateral thigh. She rated her pain as a 7/10 with the use of medications and 10/10 without medications. She noted up to 30% improvement of pain and function with her current medication regimen. She noted improved ability to perform activities of daily living and she noted better comfort with some positions and activities because of the medications. The patient denied any side effects, demonstrated no drug seeking behavior, and has signed a pain medication agreement and remains compliant. In a 7/8/14 note, the provider has requested transportation to and from the surgery center for her ESI procedure. Objective findings: slightly antalgic gait, moderate bilateral paraspinal tenderness from L3 through S1, limited lumbar spine range of motion, positive straight leg raise on left, hypesthesia in bilateral L5 greater than L4 greater than S1 dermatome. Diagnostic impression: lumbar spine sprain/strain, lumbar radiculopathy. Treatment to date: medication management, activity modification, physical therapy, chiropractic care. A UR decision dated 7/23/14 modified the request for Norco from 60 tablets to 45 tablets and denied the requests for Diclofenac, Omeprazole, and Transportation. Regarding Norco, there is no specific documentation indicating efficacy with prior use, such as evidence of objective functional improvement. Regarding Diclofenac, this medication is an "N" drug on the ODG formulary. There is no documentation of failed trials of "Y" drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a "Y" drug on the ODG formulary. Regarding Omeprazole, with non-certification of Diclofenac and without evidence of gastrointestinal upset, medical necessity of Omeprazole is not established. Regarding transportation, there is limited

evidence that the claimant does not have access to family members or an adapted vehicle or public transportation for self-transport.

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

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

**Norco 10/325mg, #60:** Overturned

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. According to a progress report dated 8/7/14, the patient rated her pain as a 7/10 with the use of medications and 10/10 without medications. She noted up to 30% improvement of pain and function with her current medication regimen. She noted improved ability to perform activities of daily living and she noted better comfort with some positions and activities because of the medications. The patient denied any side effects, demonstrated no drug seeking behavior, and has signed a pain medication agreement and remains compliant. Guidelines support the continued use of opioids in this setting. Therefore, the request for Norco 10/325mg, #60 was medically necessary.

**Diclofenac 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS,(non-steroidal anti-inflammatory drugs)Osteoarthritis (in.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. However, ODG states that Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. There is no documentation in the reports reviewed that the patient has tried and failed a first-line NSAID. A specific rationale was not provided as to why this patient requires diclofenac instead of a different guideline-supported NSAID. Therefore, the request for Diclofenac 100mg, #60 was not medically necessary.

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms and cardiovascular risk

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor (PPI), used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is noted that Omeprazole has been prescribed for GI symptoms caused by NSAID use. However, because the initial request for the NSAID, diclofenac, was not found to be medically necessary, this associated request for prophylactic use cannot be substantiated. Therefore, the request for Omeprazole 20mg, #60 was not medically necessary.

**Transportation to and from Procedure:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter

**Decision rationale:** CA MTUS does not address this issue. ODG states that transportation to and from medical appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. According to a 7/8/14 note, the provider has requested transportation to and from the surgery center for her ESI procedure. However, there is no documentation that the patient has no other means of transportation. There is no documentation that the patient does not have assistance from others for transportation for her procedure. Therefore, the request for Transportation to and from procedure was not medically necessary.