

<b>Case Number:</b>	CM14-0151070		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/04/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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:

According to the records made available for review, this is a 36-year-old male with a 3/4/04 date of injury. At the time (8/13/14) of request for authorization for Retro: Norco 10/325mg (dispensed 8/13/14) QTY: 60, Retro: Anaprox DS 550mg (dispensed 8/13/14) QTY: 60, and Retro: Prilosec 20mg (dispensed 8/13/14) QTY: 30, there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities; and less gastrointestinal discomfort with use of Prilosec) and objective (tenderness to palpation over the posterior lumbar musculature with increased muscle rigidity and numerous trigger points throughout the lumbar paraspinal muscles; decreased lumbar range of motion, positive straight leg raise on the left, decreased sensation globally over the left lower extremity, and decreased strength of the left lower extremity) findings, current diagnoses (lumbar post-laminectomy syndrome, status post lumbar fusion on 11/12/07, bilateral lower extremity radiculopathy, and medication-induced gastritis), and treatment to date (ongoing therapy with Norco and Anaprox since at least 10/18/13 with pain relief). Medical report identifies a signed opioid contract. Regarding Retro: Norco 10/325mg (dispensed 8/13/14) QTY: 60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Regarding Retro: Anaprox DS 550mg (dispensed 8/13/14) QTY: 60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Norco 10/325mg (dispensed 8/13/14) QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80, 81, 82, 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, status post lumbar fusion on 11/12/07, bilateral lower extremity radiculopathy, and medication-induced gastritis. In addition, given documentation of an opioid contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, despite documentation of ongoing treatment with Norco since at least 10/18/13 with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Norco. Therefore, based on guidelines and a review of the evidence, Retro: Norco 10/325mg (dispensed 8/13/14) QTY: 60 is not medically necessary.

**Retro: Anaprox DS 550mg (dispensed 8/13/14) QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the

medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, status post lumbar fusion on 11/12/07, bilateral lower extremity radiculopathy, and medication-induced gastritis. In addition, there is documentation of chronic pain. However, despite documentation of ongoing treatment with Anaprox since at least 10/18/13 with pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Anaprox. Therefore, based on guidelines and a review of the evidence, Retro: Anaprox DS 550mg (dispensed 8/13/14) QTY: 60 is not medically necessary.

**Retro: Prilosec 20mg (dispensed 8/13/14) QTY: 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of lumbar post-laminectomy syndrome, status post lumbar fusion on 11/12/07, bilateral lower extremity radiculopathy, and medication-induced gastritis. In addition, given documentation of chronic NSAID therapy and gastritis, there is documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Retro: Prilosec 20mg (dispensed 8/13/14) QTY: 30 is medically necessary.