

<b>Case Number:</b>	CM14-0153218		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	09/27/2008
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Illinois. 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 39-year-old male who reported an injury on 09/27/2008 due to an unknown mechanism. Diagnoses were grade 1 spondylolisthesis at L5-S1 with radiculopathy to the lower extremities, status post PLIF at L4-5 and L5-S1 on 12/06/2010, status post removal of hardware with repair of pseudarthrosis at L4-5 11/09/2012, lumbar fusion revision for pseudarthrosis and fractured S1 pedicle screw 07/14/2014, medication induced gastritis, and lumbar spinal cord stimulator trial 05/29/2014. Physical examination on 08/06/2014 revealed that the injured worker had received certification to undergo permanent implant of spinal cord stimulator on 06/26/2014. It was also reported that the injured worker remained on his current oral analgesic medications. Examination revealed tenderness to palpation of the lumbar spine bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. Sensory examination revealed decreased sensation along the posterolateral thigh and posterolateral calf bilaterally in approximately the L5-S1 distribution. The injured worker continued to experience significant postoperative pain with radicular symptoms to the lower extremities. It was reported that the injured worker received excellent benefit with the spinal cord stimulation of 80% pain relief. Treatment plan was to continue medications as directed. The Request for Authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240, DOS: 08/06/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Ongoing Management Page(s): 75, 78.

**Decision rationale:** The decision for Norco 10/325mg #240, DOS: 08/06/14 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend short acting opioids, such as Norco, for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The 4 A's for ongoing management of an opioid medication were not reported. There were no reports of a VAS pain score. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Prilosec 20mg #60, DOS: 08/06/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The decision for Prilosec 20mg #60, DOS: 08/06/14 is not medically necessary. Clinicians should determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., Ibuprofen, Naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The efficacy for this medication was not reported. The request does not indicate a frequency for the medication. There is a lack of objective improvement. Therefore, this request is not medically necessary.

**Prozac 20mg #60, DOS: 08/06/14:** 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 Page(s): 13.

**Decision rationale:** The decision for Prozac 20mg #60, DOS: 08/06/14 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain, and objective functional improvement, to include an assessment in the changes in the use of other analgesic medications, sleep quality and duration, and psychological assessments. There was no documentation of an objective decrease in pain and objective functional improvement. Sleep quality and duration and psychological assessments were not reported. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

**Doral 15mg #30, DOS: 08/06/14: Upheld**

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

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

**Decision rationale:** The decision for Doral 15mg #30, DOS: 08/06/14 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. Therefore, this request is not medically necessary.