

<b>Case Number:</b>	CM14-0159645		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Medicine 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 60 year old male patient who sustained an injury on 8/19/2010. He sustained the injury while attempting to move a big, heavy, open glass door. The current diagnoses include chronic low back pain, lumbar discogenic pain, lumbar facetogenic pain, right S1 radiculopathy and depression and GERD. Per the doctor's note dated 9/5/14, patient had complaints of low back pain with radiation to buttocks and hips with intermittent numbness and tingling of the right posterior leg and ankle. Physical examination of the lumbosacral Spine revealed tenderness in the paraspinal muscles, more on the right side, mildly decreased range of motion, pain with extension, 1+ patellar and trace Achilles reflexes, decreased sensation in right inferior foot, 4+/5 strength bilaterally, negative straight leg raising and mildly antalgic gait. The current medication list includes Nucynta, Omeprazole and Ibuprofen. He has had electrodiagnostic studies which revealed right S1 radiculopathy and lumbar MRI dated 11/13/13 which revealed L2-3 with 3-4 mm disc bulge extends into foramen with mild borderline spinal canal stenosis and foraminal stenosis, facet hypertrophy, L3-4 3mm disc bulge slightly to the right with slight increase in narrowing at right foraminal exit zone, facet hypertrophy bilaterally, L4-5 3mm disc bulge central and to the left with mild compression on thecal sac with mild canal stenosis and bilateral foraminal exit zone narrowing, left greater than right, L5-S1 2-3 mm disc bulge central and to the right with borderline central canal stenosis and bilateral foraminal exit zone narrowing and facet hypertrophy. He has had lumbar medial branch block and radiofrequency neurotomy for this injury. He has had pool therapy for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole is a proton pump inhibitor. Patient has had GI upset with Ibuprofen. He has a diagnosis of GERD. Patient has been taking Ibuprofen for a long time. He has chronic pain. The electro diagnostic study shows objective evidence of radiculopathy, so it is medically appropriate and necessary to take NSAIDs as and when necessary and since the NSAIDs are causing GI upset it is medically appropriate and necessary to take Omeprazole along with the NSAID. The Omeprazole 20mg #60 with 1 refill is deemed medically appropriate and necessary for this patient at this time.

**Nucynta trial 50 mg #60:** Overturned

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

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

**Decision rationale:** CA MTUS does not specifically address Nucynta. Nucynta (Tapentadol) is a centrally acting opioid agonist similar to Tramadol. According to the records provided patient had low back pain with radiation to buttocks and hips with intermittent numbness and tingling of the right posterior leg and ankle. He has had lumbar MRI which revealed multilevel disc bulge. He has tried lumbar facet injection and radiofrequency neurotomy for this injury. A request for Nucynta trial 50mg #60 is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.

**Motrin 800 mg #180 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22; 67.

**Decision rationale:** Ibuprofen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so

activity and functional restoration can resume." Per the submitted medical records, patient had low back pain with radiation to buttocks and hips with intermittent numbness and tingling of the right posterior leg and ankle. NSAIDs are considered first line treatment for pain and inflammation. However per the records provided patient had GI upset with use of Ibuprofen. Patient is taking Ibuprofen since a long time. Response to pain with and without this medication is not specified in the records provided. Presence or absence of any renal adverse effects due to long term NSAID use is not specified in the records provided. The response to lower doses of the Motrin on efficacy and GI symptoms in this patient is not specified in the records provided. Short term or as needed use of Ibuprofen in this patient for acute exacerbations would be considered reasonable appropriate and necessary. However the need for 180 tablets of Motrin 800 mg with 1 refill, as submitted, is not deemed medically necessary.