

<b>Case Number:</b>	CM14-0165603		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	08/14/1996
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 55-year-old female with an 8/14/96 date of injury. According to a progress report dated 9/11/14, the patient reported increased pain. The pain was located on central low back going down the right lower extremity around the knee and down to the ankle. She stated that medications are definitely helpful and allow her to work on a daily basis. She has not had any significant side effects. Her medication regimen consisted of Norco, Ibuprofen, Prilosec, and Voltaren gel. Her last random urine drug screen was consistent. The patient will be seen again in 3 months. Objective findings: palpatory tenderness in central low back more over to the right side, diminished range of motion of lumbar spine. Diagnostic impression: chronic low back pain, status post microdiscectomy at L4-L5 on 4/14/11, history of bilateral carpal tunnel release in 2008. Treatment to date: medication management, activity modification, surgery, exercise. A UR decision dated 10/1/14 modified the request for Norco 2 month supply to a 1 month supply to allow for discontinuation and denied the request for Prilosec. Regarding Norco, there are no pain levels documented, but noted increased pain. Regarding Prilosec, the medical records do not describe the patient having gastrointestinal issues or GERD< nor is the patient at risk for GI bleed or ulcer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg Q.D #60 2 month supply: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates 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. However, in the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. She stated that medications were helpful, yet reported increased pain, despite Norco use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior, an opioid pain contract, or CURES monitoring. In addition, given the 1996 date of injury, almost 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Norco 7.5/325mg Q.D #60 2 month supply is not medically necessary.

**Prilosec 20mg Q.D #60 2 month supply:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation 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. In the present case, it is noted that the patient is currently taking the NSAID, ibuprofen. Guidelines support the prophylactic use of omeprazole against gastrointestinal adverse effects in patients utilizing chronic NSAID therapy. In addition, it is noted that the patient will be seen in 3 months which is why the provider has requested a 2-month supply of medication. Therefore, the request for Prilosec 20mg Q.D #60 2 month supply is medically necessary.