

<b>Case Number:</b>	CM14-0168552		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	11/10/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Occupational Medicine and is licensed to practice in New York and North Carolina. 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 patient, a 59 years old man, sustained an injury on 11/10/2010. He was walking and fell into a hole, landing on his buttock with injury of the lumbosacral spine. He is s/p spinal surgery 5/2011 at L3-S1, and had a burst fracture at L4. He requesting an appeal of the 9/11/14 modification or denial of Ultracet (modified), Naproxen (modified) and Ultracet (denied). Other treatment has include physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 MG #90 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to continue opioids Page(s): 80.

**Decision rationale:** The chronic pain guidelines of the CAMTUS note that opioids can be continued if the patient has returned to work and if the patient has improved functioning and pain. This gentleman has been prescribed narcotics for a long time without documentation of significant improvement. He has been on the medication a long time, with continued levels of pain intensity in the moderate to severe range. Prior reviews have suggested weaning, and I

concur with them. Without improvement in pain and function, the medication is not deemed medically necessary.

**Naproxen 550 MG #60 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs Page(s): 67-68.

**Decision rationale:** Per the MTUS chronic pain guidelines, NSAIDs are recommended in certain situations. It can be used in osteoarthritis (the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Cardiovascular risk occurs with all NSAIDs, with naproxen being the safest drug. There is no evidence of long-term effectiveness for pain or function. It is recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. They are recommended as an option for short-term symptomatic relief of chronic low back pain. They have more adverse effects than placebo or acetaminophen but fewer effects than muscle relaxants and narcotics. NSAIDs may be useful in treating breakthrough neuropathic pain and mixed pain conditions, such as osteoarthritis with neuropathic pain. The chronic pain guidelines note that there is inconsistent evidence supporting the use of NSAIDs in treating long-term neuropathic pain. As the reviewer points out on this case, this patient has had persistently elevated blood pressure (180/120 in September 2014), and the NSAID use may be contributing to his lack of control. Per the MTUS chronic pain guidelines, NSAIDs can increase blood pressure by an average of 5-6 mm Hg in patients with hypertension. Furthermore, a two-month supply has been requested. In light of his continued use of this medication, it is deemed that he has been on them for long term. The request is not medically necessary.

**Omeprazole 20 MG #30 2 Refills:** 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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Per the MTUS guidelines, patients at intermediate risk for gastrointestinal events with no cardiovascular disease, can be prescribed a on-selective NSAID (like naproxen) with a PPI, such as omeprazole, 20 mg. The determination of whether a patient is at risk for GI events includes the following criteria: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In reviewing the records, there were no identified risks for GI events or disease. The omeprazole is not medically necessary.