

<b>Case Number:</b>	CM14-0180452		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	01/09/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Internal 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:

The patient is an injured worker with the diagnoses of lumbar radiculopathy, lumbar discogenic pain, and herniation of the lumbar disc. Date of injury was 1/9/2014. Secondary treating physician's initial pain management evaluation dated April 1, 2014 documented that the patient sustained a work-related injury on January 9, 2014. Regarding the mechanism of injury, as he was walking, he stepped on a piece of meat that was on the floor. He fell on the hard floor sustaining an injury to his back, left shoulder, his buttocks, left lower extremity, and left groin. He has had twelve sessions of physical therapy. Medications included Norco and Flexeril. He complains of low back pain radiating down the posterior aspect of the left lower extremity. Physical examination was documented. Lumbar spine shows decreased range of motion. There was spasm and tenderness to palpation in the left lumbar paraspinal muscles. He has positive sciatic notch tenderness on the left. He has a positive straight leg raise at 30 degrees on the left with pain radiating down the posterior aspect of the left lower extremity. Sensation is decreased in the left L5 dermatome. Motor is 5/5 throughout. MRI magnetic resonance imaging of the lumbar spine report demonstrated a 6 to 8 mm left-sided disc protrusion with significant neuroforaminal narrowing. Diagnoses were lumbar radiculopathy, lumbar discogenic pain, and herniation of the lumbar disc. Secondary treating physician's interim evaluation dated 9/4/14 documented a diagnosis of left leg radiculopathy. He continues to have radiating left leg pain. Physical examination was documented. Lumbosacral tenderness and muscle spasm was noted. Lumbosacral flexion was 60 degrees. Deep tendon reflexes of the knees and ankles were normal bilaterally. There was decreased sensation at the left L5-S1 dermatome. Motor strength was 5 out of 5 in the lower extremities. Straight leg raising was positive on the left. Diagnosis was left leg radiculopathy. Treatment plan included CT computed tomography myelogram of the lumbar spine and EMG electromyography. The progress report dated 9/4/14 Norco, Omeprazole,

Tramadol, and Mentherm. The progress report dated 9/8/14 documented medications Norco, Omeprazole, Tramadol, and Mentherm. The progress report dated 10/3/14 documented low back pain and a history of left shoulder rotator cuff tear.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20mg #60:** Upheld

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

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

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. Medical records do not document gastrointestinal conditions. Because of the absence of gastrointestinal risk factors, the request for the proton pump inhibitor Omeprazole is not supported, in accordance with MTUS guidelines. Therefore, the request for Prilosec 20mg #60 is not medically necessary.

**Topical Cream:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113; 67-73.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical cream was requested. The components of the topical cream were not specified. Without specification of the component medications contained the topical cream, the request for the topical cream cannot be endorsed. MTUS guidelines do not generally support the use of topical products. Therefore, the request for Topical Cream is not medically necessary.

**Norco #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48; 181-183; 212-214; 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation U.S. Department of Justice Drug Enforcement Administration Practitioner's Manual Section V - Valid Prescription Requirements  
<http://www.DEAdiversion.usdoj.gov/pubs/manuals/pract/section5.htm>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records indicate long term use of opioid medications, including Norco and Tramadol, which is not recommended by MTUS and ACOEM guidelines. Norco was requested. The strength, dosage, and directions for use were not specified. The DEA Practitioner's Manual Section V mandates that prescriptions must include strength, dosage, and directions for use. These elements are lacking in the request. Therefore the request for Norco cannot be endorsed. Therefore, the request for Norco #90 is not medically necessary.