

<b>Case Number:</b>	CM14-0181655		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/08/2008
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 patient has a date of injury on 4/8/2008. Patient injured her back while holding a client who lost her balance while climbing upstairs. Current medications include: Norco, Prilosec, Cymbalta, Pennsaid, Zonalon, Aspirin, Ativan, crestor, Neurontin, Propylthiouracil. Diagnosis include: adjacent segment degeneration L3-L4 above an L4 through S1 fusion, possible pseudarthrosis, L5 radiculopathy, status post anterior fusion from L4-S1 and neurogenic bladder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Lunesta 3mg QTY: 30.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lunesta

**Decision rationale:** According to guidelines Lunesta is used for insomnia. Based on the medical records there is no diagnosis of insomnia and thus not medically necessary.

**1 Prescription for Norco 5/325mg QTY: 90.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

**Decision rationale:** According to guidelines it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records it does not state the patient has functional improvement with Norco usage and thus not medically necessary.

**1 Prescription for Prilosec 20mg QTY: 60.00: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

**Decision rationale:** Based on guidelines for patients with intermediate risk for Gastrointestinal (GI) events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) is recommended. Since NSAIDs is not medically necessary then Prilosec is not medically necessary.

**1 Prescription for Cymbalta 30mg QTY: 30.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs Page(s): 105.

**Decision rationale:** According to guidelines Cymbalta is recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. According to the medical records the patient is on Neurontin for neuropathic pain. There is no need for 2 medications for neuropathic pain and thus is not medically necessary.

**1 Prescription for Anaprox 550mf QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

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

**Decision rationale:** According to guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s are used for Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after Acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute Low Back Pain (LBP). According to the medical records there is no improvement with prolonged use of NSAIDs and no documentation of use of Acetaminophen.

**Six months of ongoing use of medications:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Random urine toxicology screen with follow-up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing Page(s): 43.

**Decision rationale:** Based on guidelines drug screens are recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs, adherence to a prescription drug regimen or to diagnose misuse, addiction. According to the medical records there is no documentation of any of the above and previous drug screens were positive therefore not medically necessary.