

<b>Case Number:</b>	CM14-0033071		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/26/2008
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 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 44 year old male patient with a cumulative trauma 8/25/09-8/26/10. 1/22/14 progress note states that the patient has new right sided low back pain. The left sided pain is greatly diminished since the surgery. The patient underwent a PLIF at L3-4 and L4-5 5/14/13. The patient states that he has tried to cut down on his medications, but has not made much progress. Examination revealed hypoesthesia of the mid dorsum, lateral dorsum of the left foot and lateral aspect of the left leg. There is trace bilateral ankle reflex. Medications were reviewed with the patient. 3/14/14 progress note states that the patient remains on his current oral analgesic medication which includes Norco up to 8 tablets a day along with Anaprox and Zanaflex. On the last visit, the patient was instructed to increase his Topamax. The record notes improvement of the patient's ability to do activities of daily living compared when medications are not used. Prilosec was also prescribed. 9/12/13 note indicates that the patient has been cutting back on pain medications by decreasing MS Contin 30mg twice a day to 15mg twice a day. He remains on Norco for breakthrough pain at that time. 1/3/14 urine drug screen was consistent with the patient's medication regimen. It should be noted that a 1/15/14 review recommended a modified authorization for Norco 10/325mg 6-8 per day #120 for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG 6-8 TABS/DAY #240:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-81.

**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. The records indicate that the medications are effective with an increase in functional capacity with medication use. The patient has been successfully weaning pain medications over the past several months. Urine drug screens have been consistent. Continuation of weaning is recommended; which is consistent with the previous modified certification for the purpose of weaning. Therefore, any quantity beyond the #120 previously certified is not medically necessary.

**PRILOSEC 20MG:** 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 & CARDIOVASCULAR RISK Page(s): 68.

**Decision rationale:** CA MTUS Chronic Pain Guidelines state that PPIs are indicated for moderate to high risk of gastrointestinal events. This is a chronic pain patient who has been utilizing multiple chronic medications. However, it is not entirely clear that the patient has any gastrointestinal complaints or is at any high risk for GI events. The request is not medically necessary.