

<b>Case Number:</b>	CM14-0040965		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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, has a subspecialty in Interventional Spine 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 a 53-year-old female with date of injury of 07/15/2011. The treating physician's listed diagnoses from 02/14/2014 are: 1. Unspecified thoracic/lumbosacral neuritis. 2. Degenerative lumbar/lumbosacral disease. 3. Displaced lumbar intervertebral disk. According to this report, the patient complains of continued pain. The patient's medications include Norco and Prilosec. The 03/19/2014 report shows that patient complains of low back pain at a rate of 6/10 that is sharp and burning with radiating symptoms to the bilateral lower extremities, right greater than the left and positive for weakness and "give out." There is not much improvement from surgery. The examination shows that the patient has an antalgic gait favoring the left lower extremity. There is tenderness and spasm in the thoracolumbar spine, decreased sensation in the L4 and L5 dermatome bilaterally. Straight leg raise is positive bilaterally. The documents include an operative report from 08/26/2013, QME reevaluation from 01/08/2014, and progress reports from 11/22/2013 to 03/19/2014. The utilization review denied the request on 03/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325mg, #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 78, 88-89.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Norco 5/325mg, #60 with 1 refill. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs (activities of daily living), adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The records show that the patient was prescribed Norco on 11/22/2013. The 12/05/2013 report notes that the patient's pain level is 5/10 at best and 7/10 at worst. The patient's symptoms are getting better. The nature of her symptoms is constant sharp, achy, and dull. She reports 50% improvement overall and still has difficulty bending and walking. The 01/17/2014 progress report notes that a urine toxicology screen was performed; however, results were not made available. While the treater has noted a pain scale, there is no documentation of medication efficacy in terms of functional improvement as it relates to the use of Norco. There is no significant improvement, no before and after pain scales, no mention of quality of life changes, and no discussions regarding "pain assessments" as required by MTUS. No side effects are discussed and other than urine toxicology, other aberrant issues are not discussed such as CURES, early refills/lost meds, etc. The request is not medically necessary.

**Prilosec 20mg, #30 with 1 refill:** Overturned

**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, and cardiovascular risks Page(s): 68, 69.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Prilosec 20mg, #30 with 1 refill. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI (proton pump inhibitor)." The records show that the patient was prescribed omeprazole on 10/22/2013. In the same report, the treater notes gastritis and GI complaints. Given that the treater has noted gastrointestinal events, the continued use of Prilosec is reasonable. The request is medically necessary.

**Naproxen 550mg, #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory drugs Page(s): 22.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Naproxen 550mg, #60 with 1 refill. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. The records do not show a history of naproxen use. Given the patient's persistent symptoms, the request for an anti-inflammatory is reasonable and MTUS supports its use as a traditional first-line treatment to reduce pain so activity and functional restoration can resume. The request is medically necessary.

**Cyclo-Keto-Lido Cream, 240gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**Decision rationale:** This patient presents with low back pain. The treater is requesting Cyclo-Keto-Lido cream 240g. The MTUS guidelines page 111 on topical analgesics states that it is largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS further states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request is not medically necessary.