

<b>Case Number:</b>	CM14-0063302		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	12/01/1999
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 52-year-old female who reported an injury on 12/01/1999. The injury reported was when the injured worker was pushing a hand truck with packages and the truck suddenly stopped. The diagnoses included lumbosacral disc degeneration, lumbosacral radiculitis, and fasciitis. The diagnostic testing included an MRI of the lumbar spine. The medication regimen included Ambien, Norco, Cymbalta, Methocarbamol, Omeprazole, Opana, and Gabapentin. Within the clinical note dated 03/28/2014, it was reported the injured worker complained of increased low back pain with lower extremity weakness and numbness in the bilateral lower extremities. Upon the physical examination, the provider noted the injured worker had difficulty walking on her heels and toes due to pain and balance problems. The injured worker had tenderness to palpation of the musculature bilaterally. The provider noted the injured worker had a positive straight leg raise on the right and positive Lasegue's at 80 degrees with weakness on both EHL muscles. The provider requested for Methocarbamol, Omeprazole, Ambien, Opana, and Norco. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methocarbamaol 500mg tablet, #90 Refills 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Methocarbamol 500 mg tablets, 1 tablet 3 times a day as needed #90 with 3 refills is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in injured workers with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guideline's recommendation of short term use of 2 to 4 weeks. Therefore, the request is not medically necessary.

**Omperazole 20 mg capsule,30 capsules:** 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): 68-69.

**Decision rationale:** The request for Omeprazole 20 mg capsules, 1 daily #30 is not medically necessary. The California MTUS Guidelines note Proton Pump Inhibitors, such as Omeprazole, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65; history of peptic ulcer, GI bleeding, or perforation; use of Corticosteroids and/or Anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, and adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of documentation indicating the injured worker had a history of peptic ulcers, gastrointestinal bleed, or perforation. Additionally, there is a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Ambien 5 mg tablet ,60 tablets:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem.

**Decision rationale:** The request for Ambien 5 mg tablets, 1 to 2 at bedtime #60 is not medically necessary. The Official Disability Guidelines note Zolpidem, which is also Ambien, is a

prescription short acting Non-Benzodiazepine Hypnotic which was approved for short term, usually 2 to 6 weeks, treatment of insomnia. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time, since at least 01/2014, which exceeds the guideline's recommendation of short term use of 2 to 6 weeks. Therefore, the request is not medically necessary.

**Opana 10 mg tablet ,1 tablet 2 times a day ,60 tablets: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Opana 10 mg tablets, 1 tablet 2 times a day #60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**Norco 10-325 mg tablet,180 tablets: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 mg tablets, 2 tablets 3 times a day as needed 180 tablets is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, poor pain control. The provider failed to document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.