

<b>Case Number:</b>	CM14-0065482		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	04/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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:

The patient is a 58 year old female who was injured on 01/31/2013 while performing her usual and customary duties at work. Her job required prolonged standing, pushing, pulling, twisting, bending and lifting. Diagnostic studies reviewed include an electromyography and nerve conduction velocity (EMG/NCV) dated 02/12/2014 which revealed evidence of an acute right L4, L5 lumbosacral radiculopathy. There is no evidence of peripheral neuropathy or entrapment neuropathy in both lower extremities. The progress report dated 03/18/2014 reports the patient complained of low back pain and severe right knee pain. On exam, she had an antalgic gait, and positive straight leg raise. The patient was instructed to continue medications, knee brace, Norco, Ultram, Anaprox and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, opioids may be indicated for moderate to severe pain. Long-term use may be justified if objective functional improvement is demonstrated. In this case the patient is prescribed Norco for chronic pain. However, medical records fail to establish clinically significant functional improvement from use of this medication. Further, urine drug tests suggest the patient is not taking the medication. Therefore, Norco is not medically necessary.

**ULTRAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the MTUS guidelines, opioids may be indicated for moderate to severe pain. Long-term use may be justified if objective functional improvement is demonstrated. In this case the patient is prescribed Ultram for chronic pain. However, medical records fail to establish clinically significant functional improvement from use of this medication. Further, urine drug tests suggest the patient is not taking the medication. Therefore, Ultram is not medically necessary.

**PRILOSEC:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

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

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors (PPI's), such as Prilosec, are recommended for patients who are at moderate to high risk of gastrointestinal events while taking NSAIDs. In this case Prilosec is prescribed to avoid GI ulcers. An 11/9/13 note states the patient was diagnosed with gastritis in 2012 and that she has gastritis. Therefore, Prilosec is medically necessary.