

<b>Case Number:</b>	CM14-0068436		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 47-year-old male who was injured on 06/10/2008 while he was lifting up a transmission when he felt pain in his lower back. Prior treatment history has included right S1 transforaminal epidural steroid injection on 07/19/2013; Norco 5.25, Tylenol ES, Naproxen 500 mg, Prilosec 20 mg, Ambien 10 mg, and Biofreeze topical gel (No VAS provided). Diagnostic studies reviewed include MRI of the lumbar spine revealed right paracentral disk herniation with annular tear at L5-S1. The herniation abuts and posteriorly deviates the right S1 nerve and lateral recess. He has mild facet joint degenerative changes at L5-S1. On progress report dated 04/15/2014, the patient presented with pain in his right low back radiating into his right leg. He stated trigger point injections did not provide him with any relief. On exam, he had decreased sensation on the posterolateral aspect of the right lower extremity compared to the left. Straight leg raise is positive on the right and negative on the left. The patient is diagnosed with lumbar radiculopathy and right shoulder pain. The patient has been provided Norco #30, Naproxen #60 and Prilosec. He has also been recommended for right S1 selective nerve root block. There is no mention of GI complaints from the patient in this report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 5/325MG:** 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): 74-85.

**Decision rationale:** According to MTUS guidelines, opioids are recommended for moderate to severe pain. Efficacy of long-term use is not clearly established for chronic non-malignant pain. In this case the patient is prescribed Norco on a long-term basis for chronic low back and shoulder pain. However, history and examination findings do not demonstrate clinically significant functional improvement, including a reduction in dependency on medical care, or pain reduction from use of Norco. Medical necessity is not established.

**PRILOSEC 20 MG 30 X 1 CAP BOTTLE:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI INFLAMMATORY MEDICATIONS AND GASTROINTESTINAL SYMPTOMS Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Protein Pump Inhibitor

**Decision rationale:** According to MTUS guidelines, proton pump inhibitors such as Prilosec are recommended for patients taking NSAIDs at moderate to high risk of gastrointestinal events. In this case the patient is prescribed NSAIDs on a long-term basis and has a history of GERD as well as gastritis secondary to NSAID use. Medical necessity is established for Prilosec.

**NERVE ROOT BLOCK OTHER PERIPHERAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI'S) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

**Decision rationale:** According to MTUS guidelines, epidural steroid injections are recommended for treatment of radicular pain. "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." In this case a request is made for "N block other peripheral," apparently a right S1 selective nerve root block or epidural steroid injection. However, in this case while the patient has a disc herniation on MRI, which reportedly abuts the right S1 nerve, physical examination findings lack detail and do not suggest S1 radiculopathy. Medical necessity is not established.