

<b>Case Number:</b>	CM14-0068678		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	11/29/2010
<b>Decision Date:</b>	09/10/2014	<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 Physical Medicine and Rehabilitation 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 28 year-old patient sustained an injury on 11/29/10 while employed by [REDACTED]. Request(s) under consideration include Retrospective requests for Prilosec 20 mg QTY: 60, Fexmid 7.5 mg QTY: 120, and Norco 10/325 mg QTY: 120, date of service unknown. Report of 3/14/14 from the provider noted the patient with ongoing lower back pain radiating down left lower extremity. The patient is s/p lumbar fusion at L5-S1 on 5/23/12 and left knee arthroscopy with Manipulation under Anesthesia (MUA). Exam showed tenderness to palpation with muscle rigidity; numerous trigger points palpable and tender throughout lumbar paraspinal muscles bilaterally; positive straight leg raise in modified sitting position at 45 degrees; left knee with tenderness to palpation along medial and lateral joint lines; mild crepitus with range of motion with mild soft tissue swelling. Diagnoses included lumbar disc displacement with myelopathy. Request(s) for Retrospective requests for Prilosec 20 mg QTY: 60, Fexmid 7.5 mg QTY: 120, and Norco 10/325 mg QTY: 120, date of service unknown were non-certified on 5/6/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Prilosec 20 mg QTY: 60 date of service unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Edition, Chapter: Pain, Proton Pump Inhibitors (PPI).

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior Gastrointestinal (GI) bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Retrospective request for Prilosec 20 mg QTY: 60 date of service unknown is not medically necessary and appropriate.

**Retrospective request for Fexmid 7.5 mg QTY: 120 date of service unknown:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2010 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen without demonstrated functional improvement from treatment already rendered. California (MTUS) Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. The Retrospective request for Fexmid 7.5 mg QTY: 120 date of service unknown is not medically necessary and appropriate.

**Retrospective request for Norco 10/325 mg QTY: 120 date of service unknown:** 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): 74-96.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial.

Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The California (MTUS) provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Retrospective request for Norco 10/325 mg QTY: 120 date of service unknown is not medically necessary and appropriate.