

<b>Case Number:</b>	CM13-0037343		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/14/2013
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male injured worker suffered an industrial injury on 1/14/2013 while as a roofer apprentice was transporting rolls of roofing material via wheelbarrow and felt left sided low back pain with right elbow pain. The initial diagnoses were lumbar sacral strain with radiculopathy and lateral epicondylitis. The injured worker had treatments with medications, physical therapy, chiropractic therapy, trigger point injections to the elbow and epidural steroid injections on to the lumbar spine. There was a MAGNETIC RESONANCE IMAGING on 3/7/2013 and EMG to the elbow that was abnormal. The injured worker also wore a brace to the elbow frequently. The visit on 9/3/2013 revealed the injured worker reported side effects from Flexeril and Naprosyn of abdominal pain and headaches. The low back pain was throbbing, radiating to the left leg and foot along with increased pain when sitting. The injured worker also reported difficulty sleeping. The exam revealed palpable discomfort to the elbow, decreased range of motion to the lumbar spine, decreased sensation of the lumbar spine and positive straight leg raise. The diagnoses were multilevel degenerative disease, chronic pain syndrome and epicondylitis. The UR decision on 9/24/2013 denied the requests as followed: 1. Omeprazole 220mg was modified to include the amount of #30 2. Neurontin 60mg #200 tablets was modified to #90 tablets 3. Zanaflex 4mg #200 was denied as there was no muscle spasms mentioned in the documentation provided 4. Orudis 75mg #200 tablets was modified to #90 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF OMEPRAZOLE 220MG, 1 TAB PO QD: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Pain Chapter, for Prilosec

**Decision rationale:** This patient presents with back pain, right leg pain, and right elbow pain. The treater has asked for OMEPRAZOLE 220MG 1 TAB PO QD on 6/26/13. Patient has been taking Prilosec since 2/12/13 report. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, current list of medications do include an NSAID. But there are no documentation of any GI issues such as GERD, gastritis or PUD for which a PPI may be indicated. The treater does not explain why this medication is being prescribed. No GI risk assessment is provided to determine a need for GI prophylaxis with a PPI either. The patient has been taking a PPI for 4 months, and the treater does not discuss why this medication should be continued. The request IS NOT medically necessary.

**PRESCRIPTION OF NEURONTIN 600 MG 1 TAB PO TID #200: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-18.

**Decision rationale:** This patient presents with back pain, right leg pain, and right elbow pain. The treater has asked for NEURONTIN 600MG 1 TAB PO TID #200 on 6/26/13. Patient has been taking Neurontin since 2/19/13 report. Regarding anti-convulsants, MTUS guidelines recommend for neuropathic pain, and necessitate documentation of improvement of function, side effects, and pain relief of at least 30% a lack of which would require: (1) a switch to a different first-line agent (TCA, SNRI or AED are considered first-line treatment); or (2) combination therapy if treatment with a single drug agent fails. Gabapentin is recommended by MTUS as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has chronic lower back pain. The patient has been taking Neurontin for 4 months without documentation of 30% pain relief per MTUS guidelines for anti-convulsants. The request IS NOT medically necessary.

**PRESCRIPTION OF ZANAFLEX 4MG, 1 TAB TID #200: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 16-18, 60.

**Decision rationale:** This patient presents with back pain, right leg pain, and right elbow pain. The treater has asked for ZANAFLEX 4MG 1 TAB PO #200 on 6/26/13. The patient has been taking Zanaflex since 3/13/13 report. Regarding Zanaflex, MTUS recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient has myofascial pain. The patient has been taking Zanaflex for 3 months, however, with no documentation of its efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. The request IS NOT medically necessary.

**PRESCRIPTION OF ORUDIS 75 MG, 1 TAB PO TID #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Medications for c.

**Decision rationale:** This patient presents with back pain, right leg pain, and right elbow pain. The treater has asked for ORUDIS 75MG 1 TAB PO TID #90 on 6/26/13. The patient has been taking Orudis since 2/27/13 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short-term symptomatic relief. In this case, the patient has been using Orudis for more than 3 months without documentation of pain relief or functional improvement. Regarding medications for chronic pain, MTUS pg. 60 states, "A record of pain and function with the medication should be recorded." The request IS NOT medically necessary.