

<b>Case Number:</b>	CM13-0051051		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/12/2004
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 44 year old male with date of injury 1/12/04. The mechanism of injury is not stated in the available medical records. The patient has complained of foot and ankle pain and low back pain since the date of injury. He has been treated with epidural steroid injection, physical therapy and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar spine musculature, positive straight leg raise test bilaterally, antalgic gait. Diagnoses: ankle sprain/strain, lumbar sprain, lumbar spine degenerative disc disease. Treatment plan and request: roxicodone, xanax, soma, norco, prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ROXICODONE 30MG, EIGHT TABS PER DAY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 44 year old male has complained of foot and ankle pain and low back pain since date of injury 1/12/04. He has been treated with epidural steroid injection, physical

therapy, and medications to include opioids since at least 08/2013. The current request is for Roxicodone. There are no treating physician reports that adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Roxicodone is not indicated as medically necessary.

**XANAX 1MG, TWICE PER DAY AS NEEDED:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This 44 year old male has complained of foot and ankle pain and low back pain since date of injury 1/12/04. He has been treated with epidural steroid injection, physical therapy, and medications to Xanax since at least 08/2013. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long-term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this period. Based on the MTUS guideline cited above, Xanax is not indicated as medically necessary.

**SOMA 350 MG SIX TABLETS, EVERY DAY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

**Decision rationale:** This 44 year old male has complained of foot and ankle pain and low back pain since date of injury 1/12/04. He has been treated with epidural steroid injection, physical therapy, and medications to include soma since at least 08/2013. The current request is for Soma. Per the MTUS guideline cited above, Soma is not recommended, and if used, should be used only on a short-term basis (4 weeks or less). Use of Soma in this patient has exceeded the recommended period for use. Based on the MTUS guideline cited above, Soma is not medically necessary.

**NORCO 10/325 MG #240:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 44 year old male has complained of foot and ankle pain and low back pain since date of injury 1/12/04. He has been treated with epidural steroid injection, physical therapy, and medications to include opioids since at least 08/2013. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. Based on this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not medically necessary.

**PRILOSEC 20 MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 44 year old male has complained of foot and ankle pain and low back pain since date of injury 1/12/04. He has been treated with epidural steroid injection, physical therapy, and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary.