

<b>Case Number:</b>	CM13-0067256		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/09/1990
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Family Practice 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 injured worker is a 70-year-old female who sustained an industrial injury 02/09/90. The mechanism of injury or the body part(s) affected were not addressed. Patient was last seen 10/09/14. Since that time, she reported she was doing fairly well on her current medical regimen. She described approximately 50 percent pain relief with her current regimen including the intrathecal infusion pump. She has responded well to the benzodiazepines as well as the Neurontin and trazodone. The Norco is very important, allowing her to function during the day. She described 3-4 hours pain relief with each dose of Norco. She rated her pain level as an 8 on 1/10 but was aggravated by any type of bending, twisting and turning. Her husband and full time care taker will not be ready until early January 2015 as he is having surgery for prostate cancer. The physician agreed to discontinue the FexMid on a trial basis and decrease the Ambien by 50 percent as the patient does have significant problems with sleep. Her medical regimen is to stay as it is. When the Xanax is decreased, she has seizure activity and has been hospitalized on several occasions. Her medical regimen works well, but over the last months or so she has been having increased pain and requiring 1 or 2 extra Norco and occasionally an extra Xanax. The intrathecal infusion pump was increased to 5.0 mg per day. Prior to the fall, her functional status was improved with the use of the intrathecal infusion pump as well as current oral analgesic medications. She is able to perform cooking and cleaning which requires minimal demands, going to the store and being the passenger in a car. She is not able to drive and is not able to do anything that requires any significant physical exertion. She can lift objects which weight approximately 15 pounds. She uses her wheelchair, as she is very disabled and remains a high fall risk. The physician's objective findings noted she was alert but in mild to moderate distress. She moves slowly in and out of the office and had difficulty in transition from sitting to standing position. The lumbar position examination revealed tenderness to palpation of the

posterior lumbar musculature with increased muscle rigidity, bilaterally. Incision sites were well healed and she had a significantly decreased range of motion in both flexion and extension. There was minimal tenderness to palpation of the right hip. Range of motion was decreased with regards to internal rotation. Evaluation of the knee showed the patient had pain to the medial aspect of her knee with extension and flexion. There was pain to palpation of the medial meniscal aspect of her knees, but the kneecap and other parts of her knee were not to point tender. She had pain to her ankles, which have relative range of motion. She can rock back on her heels and rock forward on her toes, but the patient has tenderness to palpation subjectively to the medial aspect of her ankles. Examination of the posterior cervical musculature revealed tenderness to palpation along the posterior cervical musculature bilaterally and increased muscle rigidity noted along the cervical paraspinal muscles. She had a decreased range of motion in both flexion and extension. Assessment/diagnoses were lumbar post-laminectomy syndrome; status post anterior posterior fusion; L3-4, L4-5, and L5-S1, 01/16/96; Status post anterior cervical fusion; C5-6, 12/1996; Bilateral lower extremity radiculopathy; reactionary depression/anxiety; status post myocardial infarction; implant of intrathecal morphine pump, 10/23/08; and medication-induced gastritis. Treatment recommendations included refill of the intrathecal infusion pump, refill of medications Norco 10/325, Xanax 1 mg, Ambien 10 mg, Motrin 600 mg, Prilosec 20 mg, Neurontin 300 mg, trazodone 200 mg; hot and cold compress to the left ankle due to fall causing difficulty ambulating; and left ankle support. The rationale warranting the prescriptions for Norco and Prilosec were not identified in the documentation submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325 Mg 6 Tablets A Day # 420:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75,91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, ODG Workers' Compensation Drug Formulary, Norco 10/325

**Decision rationale:** Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were

from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, this request is not medically necessary.

**Prilosec 20 Mg Bid Prn # 120:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Prilosec 20 mg.

**Decision rationale:** The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 2. History of peptic ulcer, GI bleeding or perforation; 3. Concurrent use of ASA, corticosteroids and/or an anticoagulant; or 4. High dose/multiple NSAID usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is at intermediate risk of GI event due to age over 65 and is on NSAID as well. The request is medically necessary.