

<b>Case Number:</b>	CM14-0188435		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/11/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal 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 injured worker (IW) is a 39-year-old man with a date of injury of December 11, 2013. During the course of his work, his hand got caught on the as he was pulling himself into the crane. He tried to avoid falling onto the oncoming traffic and ended up essentially twisting and injuring his back. He continued working, but developed progressively worsening right arm, pectoral and thoracic pain. He was treated with physical therapy X 4 weeks, acupuncture for approximately 4 weeks, modified duties, and anti-inflammatory medications. Pursuant to the Spine Follow-Up Progress Report and Request for Authorization dated October 23, 2014, The IW complains of mid back pain, low back pain, and right shoulder pain. Overall, the IW feels like the pain symptoms are getting worse. The IW is currently taking Percocet, Norco, Ibuprofen, and Sprix (Ketorolac nasal spray). Physical examination revealed pain to palpation over the mid portion of the thoracic area correlating to the T5-T6 and T6-T7 area. There is tenderness over the T2-T3 area and lower cervical area with palpable spasms as well. He has pain in the lower lumbar area to palpation, and paraspinal muscle spasms are noted. Range of motion is limited secondary to pain. Straight leg raise test is positive. The IW has been diagnosed with herniated nucleus pulposus in the thoracic spine at T5-T6 causing radicular pain in the rib area across the front; disc degeneration at T2-T3 and T11-T12, as well as C7-T1 with disc protrusion; evaluate and rule out cervical and lumbar disc herniations since the IW does have lower neck pain, as well as leg weakness and the lumbar spine needs to be evaluated as well as the cervical spine; erectile dysfunction since the injury; gastrointestinal nausea and vomiting likely related to the anti-inflammatories; insomnia due to pain; smoking history; and depression. The provider is requesting authorization for Percocet 5/325mg, and Prilosec 20mg. Documentation in the medical records indicated that the IW has been taking Percocet since at least June of 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Percocet 5/325 mg #120 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker sustained an injury to his right arm and shoulder. Treatment to date included physical therapy, acupuncture, MRI thoracic spine, MRI chest and MRI right shoulder. 12 visits of physical therapy were approved and received. It is unclear from the record how many sessions of physical therapy were completed. A review of the medical record indicates in June 2014 the injured worker was taking Percocet. In August 2014 the injured worker was taking tramadol ER and hydrocodone. In a September 2014 progress note the injured worker was taking Percocet and Norco. There was no clinical rationale for the use of two opiates concurrently. Additionally, there is no documentation reflecting objective functional improvement with the use of opiates and the appropriate pain assessments are not present in the record. Consequently, absent the appropriate clinical documentation to support the use of ongoing opiate use, Percocet 5/325 mg #120 is not medically necessary.

**Prilosec 20mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Section, NSAID and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 with three refills is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs who are at risk for specific gastrointestinal or cardiovascular events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, steroids, anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker was

being treated for an injury to his right arm and shoulder. There is no comorbidity conditions compatible with the enumerated risks set forth above. Specifically, there is no peptic ulcer disease, history G.I. bleeding, concurrent aspirin use or multiple nonsteroidal anti-inflammatory drug use. Consequently, Prilosec 20 mg #60 with three refills is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Prilosec 20 mg #60 with three refills is not medically necessary.