

<b>Case Number:</b>	CM14-0195795		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	04/04/2003
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Rehabilitation, has a subspecialty in Neuromuscular Medicine 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 51-year old male with a work injury dated 4/4/03. The diagnoses include low back pain, adjustment disorder with anxiety, erectile dysfunction, tension headache and wrist pain. Under consideration are requests for 1 prescription of Norco 10/325mg #150; 1 prescription of Prilosec 20mg #30 with 5 refills; 1 prescription of Skelaxin 80mg #30. There is a 10/29/14 progress note that states that the patient has 10/10 pain at night and it is 8/10 currently. Work comp is not paying for prescriptions and the patient is having more pain, less sleep which will lead to sleep deprivation. On exam the patient is in no acute distress. The gait is affected by right leg limb. There is tenderness in the left wrist joint line frequently changing position with visible left wrist pain. The reflexes are 2+ knee jerks. The patient is alert and oriented x 3. The treatment plans states that the patient is released for work without restrictions. The prescriptions included Skelaxin; Ambien, Norco, Ritalin; Celebrex 200mg; Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 10/325mg #150: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

**Decision rationale:** 1 prescription of Norco 10/325mg #150 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or improvement in pain therefore the request for 1 Prescription of Norco 10/325 mg #150 is not medically necessary.

**1 prescription of Prilosec 20mg #30 with 5 refills:** Upheld

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

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

**Decision rationale:** 1 prescription of Prilosec 20mg #30 with 5 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (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 (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the retrospective request for Prilosec 20 mg # 30 with 5 refills is not medically necessary.

**1 prescription of Skelaxin 80mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** 1 prescription of Skelaxin 80mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation does not indicate that the patient is having an acute exacerbation of pain. The patient has chronic pain. There are no extenuating

circumstances documented that would necessitate continuing this medication. The request for 1 prescription of Skelaxin 80mg #30 is not medically necessary.

**1 prescription of Ritalin 20mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a682188.html>; National Guideline Clearinghouse- search under Ritalin

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines do not address Ritalin. A review of NIH Medline of Ritalin states that Ritalin can cause insomnia. The documentation indicates that the patient is having difficulty sleeping and there were concerns for sleep deprivation. The 1 prescription of Ritalin 20mg #60 is not medically necessary per an online review of NIH Medline drug information.