

<b>Case Number:</b>	CM14-0201933		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/18/2008
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, has a subspecialty in Interventional spine 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 patient is a 62 female with a date of injury of 1/18/08. According to progress report dated 10/2/14, the patient presents with moderate neck and low back pain. The neck pain radiates to the bilateral shoulders. The neck pain is rated as 7/10, low back pain is rated as 8/10 and shoulder pain is rated as 7/10. The risks, benefits and alternatives of the medications were discussed and the patient verbalized understating. The patient denies side effects or GI symptoms with the use of current medications. Pain level without medication is 9/10 and 6/10 with the use of medications. Topical patches have helped decrease pain and the use of oral medications. Medications help the patient sit, walk and sleep longer periods. The cervical spine, lumbar spine and bilateral shoulders revealed decrease in range of motion. There was tenderness to palpation along the lumbar spine and straight leg raise bilaterally. There is decreased sensation along the C5, C6 and C7 sensory dermatome. The listed diagnoses are: Cervical radiculopathy Thoracic strain/sprain Lumbar disc protrusion Lumbar spine stenosis Lumbar radiculopathy Bilateral lumbar derangement Treatment plan was for refill of medications including Norco, Ibuprofen, Ambien, Omeprazole, Topical compound cream and Terocin patches. A urine drug screen was administered on this date. The Utilization Review non-certified the requests on 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medication for chronic pain; criteria for use of opioids Page(s): 60-61; 88 and 89, 78.

**Decision rationale:** This patient presents with moderate neck and low back pain. The current request is for Norco 10/325mg #90. For Chronic opiate use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates that the patient has been utilizing Norco since 3/6/14. The treating physician report dated 3/6/14 notes that the patient is able to increase sleep, decrease pain and walk/sit for longer periods with medications. On 5/8/14, the patient reported no side effects with medications and rated current pain level at 7-8/10. Progress report from 10/2/14 indicates a decrease in pain from 9/10 to 6/10 with current medications. The patient "denies side effects or GI symptoms with the use of oral and topical medication." It was noted he is able to sit, walk and sleep longer with medications. A urine drug screen was administered on 3/6/14 and 10/2/14, but the results were not provided. In this case, the treating physician has discussed the 4 A's as required by MTUS guidelines for opiate management. The requested Norco is medically necessary.

**Ibuprofen 600mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** This patient presents with moderate neck and low back pain. The current request is for Ibuprofen 600mg #90. For NSAIDs, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume but long-term use may not be warranted." The patient has been utilizing Ibuprofen since 3/3/14. Treatment reports indicate a decrease in pain with current medication regimen and it was documented that the patient is able to sit, walk, and sleep longer period with medications. Given the patient's continued pain and documentation of medication efficacy, the requested Ibuprofen is medically necessary.

**Omeprazole 20mg #60:** 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:** This patient presents with moderate neck and low back pain. The current request is for Omeprazole 20mg #60. The MTUS page 69 states under NSAIDs prophylaxis to discuss; GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the provided medical reports show that the patient is currently on Ibuprofen and there is no mention of gastrointestinal side effects with medication use. The treating physician states in the 10/2/14 progress report that the patient "denies side effects or GI symptoms with the use of oral and topical medication." MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. The requested Omeprazole is not medically necessary.

**Terocin patch #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** This patient presents with moderate neck and low back pain. The current request is for Terocin patch #20. Terocin patches include salicylate, capsaicin, menthol, and lidocaine. MTUS Chronic Pain Medical Treatment Guidelines, page 111-113 under Topical Analgesics states: MTUS states any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines support the usage of salicylate topical for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. This patient presents with neck, low back and shoulder pain for which topical NSAID is not indicated; therefore, rendering the entire compound topical agent invalid. This requested Terocin patch is not medically necessary.