

<b>Case Number:</b>	CM14-0202371		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 36 year old male with an injury date of 03/05/13. Based on the 09/04/14 progress report, the patient complains of low back pain which he rates as an 8/10. He has pain and discomfort radiating to the left low back and is now having pain over the right low back area as well. The 10/16/14 report indicates that the patient rates his lumbar spine pain as an 8-9/10. The patient is moderately tender to palpation over the spinous processes of L5 and S1, as well as over the right sacroiliac joint space. He has decreased sensation to the sharpness of the pinwheel over the L4, L5, and S1 dermatomes of the right foot as compared to the left foot. This corresponds to the areas of the spinal stenosis. The 10/30/14 report states that the patient continues to have chronic lumbar spine pain and chronic right thigh numbness. The patient's diagnoses include the following: 1) Mild central spinal stenosis at L4-5, associated with acute to subacute posterior annular tear, per MRI without contrast performed on 09/24/14 2) Lumbar radiculopathy clinically. The utilization review determination being challenged is dated 11/04/14. Treatment reports were provided from 06/07/14- 10/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #90 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 70, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Medications for Chronic Pain Page(s): 88-89, 76-78; 60-61.

**Decision rationale:** The patient complains of low back pain which radiates to the left lower back and chronic right thigh numbness. The request is for Tramadol 50 mg #90 1 refill. The patient has been taking this medication as early as 03/01/14. MTUS guidelines, pages 88 and 89, states, "Patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or a validated instrument." MTUS, page 76, also requires documentation of the 4As (analgesia, activities of daily living (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. The 06/07/14 report states that the patient rates his low back pain as a 9/10, his right leg and right thigh pain as an 8/10, and his left thigh pain as a 6/10. The 06/24/14 report indicates that the patient rates his low back pain as a 7-8/10. The 07/24/14 report says that the patient rates his pain as an 8-9/10. The 09/04/14 report states that the patient rates his low back pain as an 8/10. The 10/16/14 report indicates that the patient rates his lumbar spine pain as an 8-9/10. Although there were pain scales mentioned, not all 4 A's were addressed as required by MTUS. There were no examples of ADLs which neither demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary.

**Naproxen 550 mg #60 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 70, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Inflammatory Medications; Medications for Chronic Pain Page(s): 22; 60.

**Decision rationale:** The patient complains of low back pain which radiates to the left lower back and chronic right thigh numbness. The request is for Naproxen 550 mg #60 1 refill. The patient has been taking this medication as early as 03/01/14. MTUS Anti-inflammatory medications page 22 state, "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." In this case, the patient continues to have low back pain which radiates to the left lower back and chronic right thigh numbness. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen has done for the patient's pain and function and why it's prescribed, as required by MTUS page 60. The requested Naprosyn is not medically necessary.

**Omeprazole 20 mg #30 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 70, 80.

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

**Decision rationale:** The patient complains of low back pain which radiates to the left lower back and chronic right thigh numbness. The request is for Omeprazole 20 mg #30 1 refill. The patient has been taking this medication as early as 03/01/14. MTUS Guidelines pages 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.) Ages greater than 65. 2.) History of peptic ulcer disease and gastrointestinal (GI) bleeding or perforation. 3.) Concurrent use of acetylsalicylic acid (ASA) or corticosteroid and/or anticoagulant. 4.) High-dose/multiple non-steroidal anti-inflammatory drug (NSAID). MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The patient is currently taking Tramadol, Naproxen, and Omeprazole. In this case, there are no discussions regarding what Omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of proton-pump inhibitor (PPI) without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the on-going use of Omeprazole is not medically necessary.