

<b>Case Number:</b>	CM14-0203520		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/18/2002
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 18, 2002. In a utilization review report dated December 2, 2014, the claims administrator failed to approve a request for Norco, Prilosec, Cipro, and MS Contin. The claims administrator referenced a November 11, 2014 progress note in its determination. The applicant was status post spinal cord stimulator implantation, it was acknowledged, but had persistent complaints of neck pain radiating to bilateral upper extremities, the claims administrator contended. The applicant's attorney subsequently appealed. In the IMR application, the applicant's attorney stated that he was explicitly appealing Norco, Prilosec, and MS Contin. On November 11, 2014, the applicant reported persistent complaints of neck pain radiating to the arms. The applicant's neck pain was described as "severe" and "debilitating." The applicant was getting progressively worse, it was acknowledged. A spinal cord stimulation revision was proposed. The applicant was currently using Norco four times daily, Naprosyn, and extended release tramadol. 9-10/10 pain was nevertheless reported. The applicant was using Prilosec twice daily for reported gastrointestinal symptoms. It was not explicitly stated whether Prilosec was effective or not. In another section of the note, it was stated that the applicant was using Norco, tramadol, Neurontin, Naprosyn, Prilosec, Flexeril, methadone, and MS Contin. It was stated that the applicant was receiving methadone from another provider. An updated EMG, MS Contin, Norco, Prilosec, Cipro, and a spinal cord stimulator revision were sought. The attending provider stated that Cipro should be employed following the spinal cord stimulator implantation, presumably for antibiotic prophylaxis. In an October 14, 2014 progress note, the attending provider again noted that the applicant had severe and debilitating neck pain. The attending provider contended that the applicant's GI symptoms had been attenuated following introduction of Prilosec.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work. The applicant reported 9-10/10 pain, severe, and allegedly debilitating, on the November 11, 2014 progress note on which Norco was sought. The attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

**Prilosec 20 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

**Decision rationale:** Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, as appears to be present here. The attending provider did report on October 14, 2014, that ongoing usage of Prilosec had effectively attenuated the applicant's gastrointestinal complaints. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.

**Cipro 500 mg #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape, Spinal Cord Stipulation Technique article

**Decision rationale:** Conversely, the request for Cipro, a fluoroquinolone antibiotic, was not medically necessary, medically appropriate, or indicated here. The attending provider indicated that he intended to employ Cipro for antibiotic prophylaxis following a planned spinal cord stimulator revision procedure. The MTUS does not address the topic. However, Medscape's Spinal Cord Stimulator Technique article notes that prophylactic usage of antibiotics beyond 24 hours after the spinal cord stimulator implantation procedure has not been shown to provide additional benefit. Rather, Medscape endorses usage of oral or parenteral antibiotics 30 to 20 minutes before the procedure. The 7-day course of Cipro at issue is in opposition to the pre-procedure, short-term antibiotic duration advocated by Medscape. Therefore, the request was not medically necessary.

**MS Contin 15 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When To Continue Opioids Page(s): 78; 80.

**Decision rationale:** Finally, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that all opioid prescription should be written by a single prescriber. Here, however, the applicant is receiving MS Contin, one long-acting opioid, from one provider and concurrently receiving methadone, a second long-acting opioid, from another provider. No compelling rationale for provision of two separate long-acting opioids from two separate providers was furnished. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant continued to report severe, 9-10/10 pain on the most recent November 11, 2014 office visit, referenced above. The applicant's pain was described as debilitating and severe, implying that the applicant was not deriving any improvement in function from ongoing opioid usage, including ongoing morphine usage. All of the foregoing, taken together, did not make a compelling case for continuation of MS Contin. Therefore, the request was not medically necessary.