

Case Number:	CM14-0036273		
Date Assigned:	06/25/2014	Date of Injury:	11/18/2009
Decision Date:	01/15/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/25/2014

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 is 64 years old male who sustained injuries to his back on 11/18/2009. The injured worker complained of low back and right leg pain. Diagnoses included degenerative disk disease at all levels of the lumbar spine plus facet spondylosis as well as degenerative spondylolysis at L4-5 and annular disk disruption at L3-4 as well as at L2-3 status post an attempted but probable failed facet fusion at L4-5 and L5-S1 associated with right lower extremity radiculitis; moderate exogenous obesity associated with hypertension and diabetes. On 7/10, 8/21, 10/2 and 10/29/2013 a request for spinal surgery was submitted per documentation. Diagnostic studies dated 5/30/12 included electrodiagnostic studies of the lower limbs revealing evidence of chronic right L4 radiculopathy; X-rays of the lumbar spine dated 6/4/12 reveal postsurgical and degenerative changes in the lower lumbar spine with mild retrolisthesis of L2 related to L3. A fusion is noted at L4-5 involving the posterior elements with posterior fixation at L4-5. On 7/30/13 the injured worker underwent L1-2, L2-3, L3-4 provocative/ diagnostic discography; 3-level discogram analysis and interpretation; fluoroscopic guidance. Post-operative diagnoses included lumbosacral disc disease with radiculopathy; postlumbosacral fusion L4-5 and L5-S1 and facet joint arthropathies, lumbosacral spine. On physical exam dated 10/29/2013 the injured worker experienced diffuse tenderness over the lumbar spine and a restricted range of motion. Straight leg raise in the sitting position was positive at 70 degrees causing back pain, buttock pain and radicular pain in the right lower limb which worsened with dorsiflexion of the right foot. In addition the injured worker complained of slight left radicular pain. His gait is mildly antalgic and he tends to stoop forward. He uses a cane. Based on these findings extensive surgery to the lumbar spine was recommended. The injured worker is taking Tylenol and Norco. PR-2 dated 1/21/14 through 10/16/14 reveals same symptoms documented in the physical exam of 10/29/13. The extensive surgery was recommended and the injured worker

remains temporarily totally disabled. On 2/25/14 Utilization Review non-certified the request for postoperative Prilosec 20 mg # 60 and Norco 10/325 mg # 60 based on the non-certification of surgery making post-operative medication not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Post-operative medication: Prilosec 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines , Proton Pump Inhibitors (PPIs)

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in individuals taking nonsteroidal anti-inflammatory drugs when specific risk factors are present. These risk factors include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin, corticosteroids and/or anticoagulant; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker had none of the comorbid conditions or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, perforation, aspirin or steroid use, or multiple dose nonsteroidal anti-inflammatory drug use. Additionally, the documentation indicates the injured worker has been taking Prilosec for an unknown period of time. Prilosec 20 mg #60 is not clinically indicated based on clinical documentation. Consequently, Prilosec 20 mg #60 is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Prilosec 20 mg #60 is not medically necessary.

Associated surgical service: Post-operative Medication: Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids, specific drug list

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines; Criteria for Opiate use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 was not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status,

appropriate medication use, and side effects. 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 documentation shows the injured worker was taking Norco for an unknown period of time. The request for Norco was for anticipated surgery, lumbar fusion. Ongoing, chronic opiate use requires ongoing documentation with detailed pain assessment. There is no documentation to support the ongoing use of Norco. There is no objective functional improvement document the medical record. There is no treatment plan in the progress note dated January 2014 other than adding additional Tylenol for breakthrough pain. Consequently, due to inadequate pain assessments, lack of objective functional improvement documentation, Norco 10/325#60 is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 10/325#60 is not medically necessary.