

<b>Case Number:</b>	CM15-0000333		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old male, who sustained an industrial injury December 3, 2013. The diagnoses have included lumbar myoligamentous injury with left lower extremity radiculopathy, cervical myoligamentous injury, right shoulder impingement syndrome and medication gastritis. Treatment to date has included pain management, MRI's of the cervical and lumbar spine and lumbar epidural steroid injections. Current documentation dated December 10, 2014 notes that the injured worker reported low back pain. The injured worker had received two epidural steroid injections to the lumbar spine which provided significant pain relief up to sixty percent to his lower back as well as radicular symptoms in the lower extremities. His pain was rated at a six out of ten on the Visual Analogue Scale. The injured workers activities of daily living had improved. He also was noted to have decreased his daily pain medication Norco to one tablet daily. Physical examination of the cervical spine revealed tenderness and decreased range of motion. Left shoulder examination showed tenderness to palpation and decreased range of motion. Examination of the lumbar spine revealed tenderness over the paravertebral musculature and sciatic notch region. There were trigger points and taut bands with tenderness to palpation throughout. Range of motion was decreased. On December 22, 2014 Utilization Review non-certified requests for Ultracet 50 mg # 60, Anaprox DS 550 mg # 60, Prilosec 20 mg # 60 and Norco 10/325 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of Ultracet 50 mg # 60, Anaprox DS 550 mg # 60, Prilosec 20 mg # 60 and Norco 10/325 mg # 60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 50 mg # 60:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Despite the long-term use of tramadol, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Ultracet 50 mg # 60 is not medically necessary.

**Anaprox DS 550 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox DS 550 mg # 80 is not medically necessary.

**Prilosec 20 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox DS 550 mg # 80 is not medically necessary.

**Norco 10/325 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325 mg # 60 is not medically necessary.