

<b>Case Number:</b>	CM15-0002604		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/27/2003
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 a 63 year old male, who sustained an industrial injury on 7/27/2003. The details of the initial injury were not included for this review. The diagnoses have included lumbar degenerative disc disease with facet joint syndrome; status post left L5-S1 laminectomy discectomy 2008, cervical injury, myofascial pain syndrome, depression, left shoulder rotator cuff tear and repair, bilateral carpal tunnel syndrome. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), narcotic, therapeutic injections, physical therapy, and cervical facet ablation. Currently, the IW complains of pain in the neck, left shoulder and low back. On 10/15/14, physical examination documented multiple trigger points and tenderness through paraspinal muscles, decreased range of motion, decreased sensation, and positive straight leg raise at 60 degrees. The plan of care included continuation of previously prescribed medications, cortisone injection to the shoulder, lumbar epidural steroid injection, on-going home exercise and physical therapy, and referral to an orthopedic surgeon regarding left shoulder pain. On 12/5/2014 Utilization Review modified certification for Norco 10/325mg #60 and Neurontin 300mg #60. Utilization Review non-certified Prilosec 20mg twice a day as needed #60 and Anaprox DS 550mg twice a day as needed #60, noting the documentation did not support medical necessity. The MTUS, ACOEM, or ODG Guidelines were cited. On 1/6/2015, the injured worker submitted an application for IMR for review of Norco 10/325mg #120, Anaprox DS 550mg twice a day as needed #60, Prilosec 20mg twice a day as needed #60, and Neurontin 300mg twice a day #90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back opioids.

**Decision rationale:** The medical records report ongoing pain that is helped functionally by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as norco.

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

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines- low back, nsaid.

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain but does not document specific functional gain in regard to benefit from therapy including the NSAID and does not indicate prior trial and failure of acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long term effectiveness for pain. As such the medical records provided for review do not support the use of anaprox for the insured as there is no indication of previous trial of acetaminophen and failure of therapy.

**Prilosec 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 Page(s): 68.

**Decision rationale:** MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. The medical records do not document any GI related distress, GERD or ulcer related to medical condition in relation to taking NSAID. As such the medical records do not support a medical necessity for priolosec in the insured.

**Neurontin 300mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antiepilepsy drugs Page(s): 16.

**Decision rationale:** The medical records report pain with neuropathic qualities in the setting of radiculopathy. MTUS guidelines support the use of gabapentin for nerve related pain. As such the medical records support the use of gabapentin for the treatment of the insured's nerve related pain.