

<b>Case Number:</b>	CM15-0100563		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	10/13/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Physical Medicine & Rehabilitation

### 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 59-year-old male who sustained an industrial injury on 10/13/11. Initial complaints and diagnoses are not available. Treatments to date include right hip surgery and back surgery, and medications. Diagnostic studies include MRIs of the right hip and lumbar spine, right hip x-ray, and nerve conduction/electrodiagnostic studies of the lower extremities. Current complaints include low back pain. Current diagnoses include lumbar discopathy right right lower extremity radiculopathy, right hip posttraumatic degenerative arthritis, and medication induced gastritis. In a progress note dated 04/24/15, the treating provider reports the plan of care as medications including Anaprox, Neurontin, Prilosec, Zanaflex, and Norco. The requested treatments include Anaprox, Neurontin, Prilosec, and Norco. The injured worker has been on Norco and Anaprox since at least 11/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient's date of injury is from 10/13/2011. He complains of right lower lumbar region pain radiating into the groin. The physician is requesting ANAPROX DS 550 MG #60. The RFA was not included in the reports. The patient is currently temporarily very disabled. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Medical records show that the patient was prescribed Anaprox prior to 10/15/2014. Per the 04/24/2015 report, the patient states that he continues to have right lower lumbar region pain radiating around the lateral aspect and shooting pain into the groin. He can only walk for 1-2 blocks at a time. His medications "does not help significantly." In this case, due to the lack of medication efficacy, continued use is not warranted. The request IS NOT medically necessary.

**Neurontin 300 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18, 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** The patient's date of injury is from 10/13/2011. He complains of right lower lumbar region pain radiating into the groin. The physician is requesting NEURONTIN 300 MG #120. The RFA was not included in the reports. The patient is currently temporarily very disabled. MTUS has the following regarding Gabapentin on page 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Medical records do not show a history of Neurontin use. Diagnoses include: lumbar discopathy right lower extremity radiculopathy, right hip posttraumatic degenerative arthritis, and medication induced gastritis. Per the 04/24/2015 report, the posterior lumbar muscular reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. Wartenberg pinprick is decreased globally in the right lower extremity mostly in the L5-S1 distribution. Positive SLR on the right. Decreased motor strength with flexion of the right hip. In this case, given the patient's symptoms, Neurontin would be appropriate to determine its efficacy in terms of pain relief and functional improvement. The request IS medically necessary.

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, FDA (Prilosec).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** The patient's date of injury is from 10/13/2011. He complains of right lower lumbar region pain radiating into the groin. The physician is requesting PRILOSEC 20 MG #60. The RFA was not included in the reports. The patient is currently temporarily very disabled. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: 1) age > 65 years; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or 4) high dose/multiple NSAID "e.g., NSAID low-dose ASA." Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records do not show a history of Prilosec use. The patient's diagnoses include: lumbar discopathy right lower extremity radiculopathy, right hip posttraumatic degenerative arthritis, and medication induced gastritis. The 04/24/2015 report notes, "Prilosec is being utilized for GI protection, as this patient has several MTUS risk factors; age, NSAIDs chronic pain and stress." The patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. The physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of rationale for its use, the requested Prilosec IS NOT medically necessary.

**Norco 10/325 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient's date of injury is from 10/13/2011. He complains of right lower lumbar region pain radiating into the groin. The physician is requesting NORCO 10/325 #180. The RFA was not included in the reports. The patient is currently temporarily very disabled. MTUS Chronic Pain Medical Treatment Guidelines pages 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78, criteria for use of opiates, ongoing management also requires documentation of the 4 A's (analgesia, 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. MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Medical records show that the patient has been prescribed Norco since before 10/15/2014. His pain without medication is 8/10 and 3/10 with medication use. Per the 04/24/2015 report, the posterior lumbar muscular reveals tenderness to palpation bilaterally with increased muscle rigidity. There are numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles. Wartenberg pinprick is decreased globally in the right lower extremity mostly in the L5-S1 distribution. Positive SLR on the right. Decreased motor strength with flexion of the right hip. His medications "does not help significantly." The UDS from 05/01/2015 show consistent results. Documentation of the 4As was not sufficient. There are no specific discussions of ADLs to show if any of the medications are impacting the patient's pain and function. No discussion provided on adverse behavior/side effects. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.