

<b>Case Number:</b>	CM15-0104431		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	06/15/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Texas, New York, 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:

The applicant is a represented 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 15, 2010. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for Norco, Flexeril, Naprosyn, and Prilosec. The claims administrator referenced a RFA form dated May 1, 2015 in its determination, along with an associated progress note of April 29, 2015. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant presented with chronic "intractable" low back pain with associated radicular pain complaints. The applicant reported 7-8/10 pain complaints. The applicant had developed derivative complaints of depression. The applicant stated that his pain complaints were limiting all of his daily activities and functionalities. The applicant was using Norco four times daily, Prilosec as needed for GI irritation, Naprosyn twice daily, and Flexeril twice daily, it was reported. Multiple medications were continued and/or renewed. Epidural steroid injection therapy and permanent work restrictions were also renewed. The applicant was asked to pursue a chronic pain program. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. On March 26, 2015, the applicant received epidural steroid injection therapy. On May 1, 2015, the applicant again reported constant low back pain with derivative complaints of depression, 5/10. The applicant was on Norco, Flexeril, Naprosyn, and Prilosec, it was reported. While the attending provider stated that Prilosec was being employed as needed for GI irritation, the attending provider did not state whether or not ongoing use of Prilosec was or was not effective in ameliorating the same. The attending provider again suggested that the

applicant pursue a functional restoration program. The attending provider stated that the applicant would have difficulty getting out of bed without his medications, all of which were continued and/or renewed. The applicant's permanent work restrictions were again renewed. It was not stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Flexeril 5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** No, the request for Flexeril (Cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Norco, Naprosyn, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of Flexeril at issue represents treatment in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Naprosyn 500 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70-71 and 73.

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

**Decision rationale:** Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, it did not appear that the applicant had profited from ongoing use of Naprosyn. Permanent work restrictions were renewed, unchanged, from visit to visit. It did not appear that the applicant was working with said limitations in place. Ongoing usage of Naprosyn failed to curtail the

applicant's dependence on opioid agents such as Norco. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing Naprosyn usage. On several occasions, the applicant reported that his pain complaints were constant and intractable. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Prilosec 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

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

**Decision rationale:** Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec (Omeprazole) are indicated in the treatment of NSAID-induced dyspepsia, here, however, the attending provider nevertheless explicitly stated the applicant had or had not personally experienced symptoms with dyspepsia, either NSAID-induced or stand-alone, on multiple office visits, referenced above, including on May 1, 2015. While the attending provider stated that the applicant could employ Prilosec as needed for GI irritation, the attending provider did not ever state whether the applicant had personally experienced symptoms of dyspepsia or not, nor did the attending provider state whether or not ongoing usage of Prilosec had or had not proven effective for whatever role it had been employed. Therefore, the request was not medically necessary.

**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 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was likewise 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, it did not appear that the applicant was working following the imposition of permanent work restrictions. The attending provider simply renewed the applicant's work restrictions from visit to visit, including on May 1, 2015. The attending provider's commentary of May 1, 2015 to the effect that the applicant was unable to get up out of bed without his medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. The

attending provider's multiple reports to the effect that the applicant was experiencing constant, severe, and/or intractable pain complaints, coupled with the applicant's seeming failure to return to work, failed to make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.