

<b>Case Number:</b>	CM15-0138076		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	08/18/2010
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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 48 year old male, who sustained an industrial injury on August 18, 2010. The mechanism of injury was not provided in the medical records. The injured worker has been treated for low back complaints. The diagnoses have included lumbar radiculopathy, left lumbar five-sacral one herniated nucleus pulposus, facet hypertrophy syndrome, and low back pain with bilateral lower extremity radiculitis, lumbar degenerative disc disease, lumbar spinal stenosis, myalgia and insomnia. Treatment and evaluation to date has included medications, radiological studies, MRI, lumbosacral rhizotomy, epidural steroid injections, urological consultation and insomnia evaluation. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 5, 2015 notes that the injured worker reported low back pain with associated numbness down the left lower extremity. The pain was rated an eight-nine out of ten on the visual analogue scale. The injured worker was taking Ibuprofen for pain. Examination of the lumbar spine revealed significant tenderness in the paralumbar musculature. The injured worker had sciatic stretch signs and a straight leg raise test was positive on the left. Range of motion from the thoracic spine through the lumbar spine was significantly decreased with spasms on the left. Sensation was diminished in the left foot and heel. The injured worker was noted to be having lumbar spine surgery in July. The treating physician's plan of care included requests for Tylenol # 3 # 60, Mobic 7.5 mg # 60 and Prilosec 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 06/05/15 progress report provided by treating physician, the patient presents with low back pain with numbness down the left lower extremity, rated 8-9/10. The request is for TYLENOL NO. 3 #60, RFA with the request not provided. Patient's diagnosis on 06/05/15 includes lumbar spine discopathy, lumbar radiculopathy, and left L5-S1 herniated nucleus pulposus. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/05/15 revealed tenderness to palpation and positive straight leg raise test on the left. Range of motion from the thoracic spine through the lumbar spine was significantly decreased with spasms on the left. Sensation was diminished in the left foot and heel. Treatment to date has included radiological studies, MRI, lumbosacral rhizotomy, epidural steroid injections, urological consultation, insomnia evaluation, and medications. The patient is temporarily totally disabled, per 06/05/15 report. MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." According to UR letter dated 07/01/15, the patient was authorized for left L5-S1 hemilaminotomy/discectomy, per prior UR determination on 05/07/15. Per 06/05/15 report, treater states "in advance of the surgery today, we prescribed the patient medications for symptomatic relief to include Tylenol #3. Given the patient's low back condition requiring surgical intervention, the request for Tylenol #3 to cover for the patient's post-operative pain appears reasonable. Therefore, the request IS medically necessary.

**Mobic 7.5mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Based on the 06/05/15 progress report provided by treating physician, the patient presents with low back pain with numbness down the left lower extremity, rated 8-9/10. The request is for MOBIC 7.5MG #60. RFA with the request not provided. Patient's diagnosis on 06/05/15 includes lumbar spine discopathy, lumbar radiculopathy, and left L5-S1 herniated nucleus pulposus. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/05/15 revealed tenderness to palpation and positive straight leg raise test on the left. Range of motion from the thoracic spine through the lumbar spine was significantly decreased with spasms on the left. Sensation was diminished in the left foot and heel. Treatment to date has included radiological studies, MRI, lumbosacral rhizotomy, epidural steroid injections, urological consultation, insomnia evaluation, and medications. The patient is not working, per 06/05/15 report. MTUS, page 22 Anti-inflammatory medications Section states, Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional

restoration can resume, but long term use may not be warranted. According to UR letter dated 07/01/15, the patient was authorized for left L5-S1 hemilaminotomy/discectomy, per prior UR determination on 05/07/15. Per 06/05/15 report, treater states "in advance of the surgery today, we prescribed the patient medications for symptomatic relief to include Mobic (Meloxicam). Given the patient's low back condition requiring surgical intervention, the request for Mobic to cover for the patient's post-operative pain appears reasonable. Therefore, the request IS medically necessary.

**Prilosec 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pilosec.

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

**Decision rationale:** Based on the 06/05/15 progress report provided by treating physician, the patient presents with low back pain with numbness down the left lower extremity, rated 8-9/10. The request is for PRILOSEC 20MG #60. RFA with the request not provided. Patient's diagnosis on 06/05/15 includes lumbar spine discopathy, lumbar radiculopathy, and left L5-S1 herniated nucleus pulposus. The patient has an antalgic gait. Physical examination to the lumbar spine on 06/05/15 revealed tenderness to palpation and positive straight leg raise test on the left. Range of motion from the thoracic spine through the lumbar spine was significantly decreased with spasms on the left. Sensation was diminished in the left foot and heel. Treatment to date has included radiological studies, MRI, lumbosacral rhizotomy, epidural steroid injections, urological consultation, insomnia evaluation, and medications. The patient is not working, per 06/05/15 report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." According to UR letter dated 07/01/15, the patient was authorized for left L5-S1 hemilaminotomy/discectomy, per prior UR determination on 05/07/15. Per 06/05/15 report, treater states "in advance of the surgery today, we prescribed the patient medications for symptomatic relief to include Prilosec (Omeprazole). This appears to be the initial trial of this medication. Treater has not had the opportunity to document medication efficacy. Therefore, the request IS medically necessary.