

<b>Case Number:</b>	CM15-0148643		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	11/08/2001
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 55 year old male, who sustained an industrial injury on November 8, 2001. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included toxicology screen, surgery, home exercise program and acupuncture. Currently, the injured worker complains of constant, throbbing and aching low back pain rated at 8-9 on 10. The pain is exacerbated by driving, sitting, standing and walking. He also reports sleep disturbance. The injured worker is currently diagnosed with displacement of lumbar intervertebral disc without myelopathy and post lumbar laminectomy syndrome. In a progress note dated January 20, 2015; it states the injured worker experiences 80% relief in pain from his current medication regimen. In a progress noted dated April 7, 2015; it states the injured worker experienced pain relief from his medication. A progress note dated July 7, 2015, states the injured worker did not experience long term efficacy from acupuncture. The following medications, Prevacid 30 mg #60 (to protect the gastrointestinal tract) and Norco 10-325 mg #120 with 2 refills (to alleviate pain) are requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prevacid 30mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prevacid is not medically necessary.

**Norco 10/325mg #120 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Norco 10/325mg #120 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Norco without significant objective evidence of functional improvement and without significant improvement in pain therefore the request for continued Norco is not medically necessary.