

<b>Case Number:</b>	CM15-0161112		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 48-year-old female, who sustained an industrial injury on February 2, 2011. She reported low back pain and bilateral lower extremity pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbago and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included diagnostic studies, radiographic imaging, lumbar epidural steroid injections, conservative care, physical therapy, acupuncture, traction, exercises, yoga, medications and work restrictions. Currently, the injured worker continues to report low back pain and bilateral lower extremity pain radiating to the toes with associated numbness and tingling from the tailbone to the perineum. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on June 19, 2015, revealed continued pain as noted. She rated her pain at 5 on a 1-10 scale with the use of medications. Evaluation on July 21, 2015, revealed continued pain as noted. No pain scale was included in the report. Medications including Topamax, Norco, Omeprazole and Flexeril were continued. Evaluation on August 10, 2015, revealed continued pain as noted. She rated her pain at 4 on a 1-10 scale with 10 being the worst while using medications. She noted difficulty with standing and sitting. She reported being able to lift less weight than before and noted lifting aggravated symptoms more now. It was noted she continued to try to work however noted it was difficult with severe ongoing pain. She noted she misses about one day per month secondary to pain. It was noted straight leg tests were positive bilaterally. She reported previous benefit with epidural steroid injection (ESI) in 2013. Magnetic resonance imaging (MRI) of the lumbar spine

on July 13, 2015 was noted to reveal mild degenerative changes with no significant spinal canal stenosis or nerve root impingement. Flexeril 10mg, #30, Norco 10/325mg #30, Prilosec 20mg #60 and Topamax 100mg #60.

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

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

**Decision rationale:** According to the California (CA) MTUS Guidelines Norco is a short-acting opioid recommended after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was indicated in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported from one visit to the next. In addition, there was no noted functional improvement or improved pain noted during the duration of the prescription for Norco. For these reasons, the request for Norco 10/325mg #30 is not medically necessary.

**Flexeril 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** According to California (CA) MTUS Guidelines Cyclobenzaprine (Flexeril) is a second line treatment secondary to high risk of adverse events. Flexeril is recommended for short-term use and to treat acute exacerbations or flare-ups. There was no indication of failed first line therapies. In addition, it was reported the injured worker had been using this medication for months with no noted improvement in functionality or the ability to perform activities of daily living and no noted decrease in pain frequency or intensity. The Requested Treatment: Flexeril 10mg #30 is not medically necessary.

**Topamax 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** According to the California (CA) MTUS Guidelines, Topamax is an antiepileptic drug (AED) approved for the treatment of seizures, headache prevention and sometimes neuropathic pain and is considered a first-line treatment option. In this case, the injured worker was noted to have lumbosacral neuritis and radiculopathy however; she noted the pain continued after months of therapy with the AED. There was no noted functional improvement or improvement in pain with the use of the prescribed AED. The requested treatment: for Topamax 100mg #60 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the California (CA) MTUS guidelines, Prilosec, a proton pump inhibitor is appropriate for the treatment of dyspepsia secondary to NSAID use or for individuals at risk for gastrointestinal events with the use of NSAIDs. There was no specific incident or description of gastrointestinal problems noted in the provided documents. There was no indication of diagnosis of dyspepsia secondary to NSAID use and no noted increased risk factors for gastrointestinal events. For these reasons, the requested treatment: Prilosec 20mg #60 is not medically necessary.