

<b>Case Number:</b>	CM15-0162191		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/22/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Arizona, Michigan

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 injured worker is a 51 year old female who sustained an industrial injury on 6-22-12. The injured worker was diagnosed as having spondylolisthesis with stenosis at L4-5 and a history of anterior vascular injury at L4-5. Currently, the injured worker reported back pain. Previous treatments included status post lumbar discectomy and fusion, physical therapy, injection therapy, nonsteroidal anti-inflammatory drugs, oral pain medication, and proton pump inhibitor. Previous diagnostic studies included radiographic studies, nerve conduction velocity study and electromyography. Work status was noted as totally disabled. The injured workers pain level was not noted. Physical examination was notable for decreased range of motion in the back, negative straight leg raising. The plan of care was for Lyrica 75 milligrams quantity of 60, Ultracet 37.5-325 milligrams quantity of 120, Prilosec 20 milligrams quantity of 30 and Motrin 800 milligrams quantity of 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 75mg #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:** The request is for Lyrica 75 milligrams quantity of 60. Currently, the injured worker reported back pain. CA MTUS recommendations state that antiepilepsy drugs are recommended for neuropathic pain due to nerve damage. Neuropathic pain was not noted in the physical examinations or in the list of present complaints of the provided documents. There is no indication for continued use. As such, the request for Lyrica 75 milligrams quantity of 60 is medically unnecessary.

**Ultracet 37.5/325mg #120:** 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** The request is for Ultracet 37.5-325 milligrams quantity of 120. Currently, the injured worker reported back pain. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for Ultracet 37.5-325 milligrams quantity of 120 is medically unnecessary.

**Prilosec 20mg #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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The request is for Prilosec 20 milligrams quantity of 30. Currently, the injured worker reported back pain. CA MTUS recommendations state that long term use of

proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." Provider documentation is without mention of gastrointestinal events, upon physical examination there was documentation of gastrointestinal events, or indication for the prescribing of Prilosec. As such, the request for Prilosec 20 milligrams quantity of 30 is medically unnecessary.

**Motrin 800mg #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:** The request is for Motrin 800 milligrams quantity of 60. Currently, the injured worker reported back pain. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short term option. Provider documentation submitted does not offer an explanation as to why an over the counter NSAID was not utilized initially. As such, the request for Motrin 800 milligrams quantity of 60 is medically unnecessary.