

Case Number:	CM15-0162792		
Date Assigned:	08/31/2015	Date of Injury:	11/16/2000
Decision Date:	10/15/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/19/2015

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 37-year-old male, with a reported date of injury of 11-16-2000. The mechanism of injury was the result of not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include lumbar radiculopathy, lumbar failed back syndrome, thoracic spondylosis, and chronic pain syndrome. Treatments and evaluation to date have included a lumbar transforaminal injection on 05-13-2015 and oral medications. The diagnostic studies to date have included urine drug screen on 04-15-2015 which was inconsistent with the reported medication list. According to the medical report dated 02-20-2015, the injured worker underwent an MRI of the lumbar spine in 10-2014 which showed postoperative changes at L4-5 and L5-S1, left-sided subarticular recess stenosis at L4-5, moderate left-sided and mild right-sided neural foraminal stenosis at L4-5, and moderate disc desiccation of L3-4. The progress report dated 08-04-2015 indicates that the injured worker had moderate pain in the low back that was increased with standing, walking, and activity. It was noted that the medications do not help as much anymore. The injured worker reported that the pain was rated at least 6 out of 10, and at its worst. The physical examination showed pain over the lumbar intervertebral discs on palpation; anterior lumbar flexion caused pain; pain with lumbar extension; and grossly normal motor strength. The treatment plan included the continuation of medications as prescribed. Norco 10-325 mg #90, one tablet every 8 hours as needed for 30 days and Prilosec 20 mg #60, one tablet once a day for 60 days was prescribed. The injured worker's work status was not specified. The treating physician requested Norco 10-325mg #90 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90, one every 8 hours as needed for 30 days: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with low back pain. The request is for NORCO 10/325 MG #90, ONE EVERY 8 HOURS AS NEEDED FOR 30 DAYS. The request for authorization is not provided. The patient is status post lumbar transforaminal injection, 05/13/15. Physical examination reveals there is pain noted over the lumbar intervertebral spaces (discs) on palpation. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension. The patient is to increase activity as tolerated and report any issues. Patient's medications include Butrans Patch, Norco, and Prilosec. The patient's work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Treater does not specifically discuss this medication. Patient is prescribed Norco since at least 02/20/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Norco. No validated instrument is used to show functional improvement. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 08/04/15, and CURES report were documented. Furthermore, long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does

not present with pain that is "presumed to be maintained by continual injury." Therefore, the request IS NOT medically necessary.

Prilosec 20 mg #60, one a day for 60 days: 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 patient presents with low back pain. The request is for PRILOSEC 20 MG #60, ONE A DAY FOR 60 DAYS. The request for authorization is not provided. The patient is status post lumbar transforaminal injection, 05/13/15. Physical examination reveals there is pain noted over the lumbar intervertebral spaces (discs) on palpation. Anterior lumbar flexion causes pain. There is pain noted with lumbar extension. The patient is to increase activity as tolerated and report any issues. Patient's medications include Butrans Patch, Norco, and Prilosec. The patient's work status is not provided. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 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." Treater does not specifically discuss this medication. The patient has been prescribed Prilosec since at least 02/20/15. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing, discuss what gastric complaints there are, and why he needs to continue. Furthermore, the patient is not prescribed any NSAIDs. Therefore, the request IS NOT medically necessary.