

<b>Case Number:</b>	CM15-0162842		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/04/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 27 year old male, who sustained an industrial injury on 11-4-2013. He reported low back pain after picking up a heavy object. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, bilateral sacroiliitis, and possibility of lumbar radiculopathy. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine (9-11-2014), and physical therapy. The request is for Tylenol 325 mg caplet and Omeprazole 20 mg capsules. Several pages of the medical records have handwritten information which is difficult to decipher. On 9-25-2014, he reported low back pain. He is noted to have full time duty working status. The treatment plan included: icing, Naproxen sodium, Tramadol, and follow up. On 7-1-2015, his work status is reported as able to perform his usual work. He reported low back pain, tightness and tingling in the bilateral gluteal region with a pulling type pain in the posterior aspect of the bilateral thighs worse on the left. He also reported pain radiation into the buttocks and bilateral thighs to the bilateral knees. He rated his pain 6 out of 10. Physical findings revealed his gastrointestinal system within normal limits, lumbar spine area with muscle spasms and stiffness, tenderness in the iliac area, and positive Patrick test bilaterally. The treatment plan included: Tylenol #3, Naproxen sodium, and Omeprazole. His work status is reported as continue to work full time as tolerated.

### 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 Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** The patient presents with low back pain radiating mostly to the gluteal region and posterior aspect of bilateral thighs up to his bilateral knee. The request is for Tylenol no. 3; #60. The request for authorization is not provided. MRI of the lumbar spine, 09/11/14, shows L4-5 mild discogenic disease with minimal to moderate disc bulging more towards the right where it indents the thecal sac with mild encroachment on the neural foramina; at L5-S1 mild discogenic disease with mild to moderate disc bulging protrusion more right and left paracentrally just barely abutting the thecal sac and the nerve roots within the canal but not displacing them with only mild disc bulging at the neural foramina not touching the nerve roots. Physical examination reveals spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Tenderness noted in the bilateral posterior superior iliac spine. Patrick test is positive bilaterally but worse on the left side. He has received physical therapy. Per progress report dated 07/01/15, the patient can continue to work full time as tolerated. MTUS Guidelines page 76 to 78, under criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Tylenol No. 3. In this case, the patient is working and continues with pain. Initiating a trial of Tylenol #3 appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

**Omeprazole 20mg #30:** Overturned

**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 radiating mostly to the gluteal region and posterior aspect of bilateral thighs up to his bilateral knee. The request is for Omeprazole 20mg #30. The request for authorization is not provided. MRI of the lumbar spine, 09/11/14, shows L4-5 mild discogenic disease with minimal to moderate disc bulging more towards the right where it indents the thecal sac with mild encroachment on the neural foramina; at L5-S1 mild discogenic disease with mild to moderate disc bulging protrusion more right and left paracentrally just barely abutting the thecal sac and the nerve roots within the canal but not

displacing them with only mild disc bulging at the neural foramina not touching the nerve roots. Physical examination reveals spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Tenderness noted in the bilateral posterior superior iliac spine. Patrick test is positive bilaterally but worse on the left side. He has received physical therapy. Per progress report dated 07/01/15, the patient can continue to work full time as tolerated. 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. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. This is the initial trial prescription for Omeprazole. The patient is prescribed Naproxen, and treater has not had the opportunity to document medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.