

<b>Case Number:</b>	CM15-0165508		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/13/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 9-13-2006. Diagnoses have included left shoulder internal derangement, left shoulder rotator cuff tear, status post fracture L1 vertebral body, lumbar disc herniation at L4-L5 and L5-S1 and myofascial pain syndrome. Treatment to date has included a home exercise program and medication. According to the progress report dated 7-10-2015, the injured worker complained of an acute flare up of his low back pain. He was requesting medication refills. He described good relief with medication along with an increase in activities of daily living. Objective findings revealed tenderness throughout the lumbar musculature with mild spasms palpable. Range of motion of the lumbar spine was diminished. The injured worker walked with a mildly guarded gait. Authorization was requested for Norco, Naproxen and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without consistent documentation of pain score response. There was no mention of Tylenol , Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Protonix 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Protonix is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had prior dyspepsia and was previously noted to be on NSAIDS which is not currently in the treatment regimen. Therefore, the continued use of Protonix is not medically necessary.