

<b>Case Number:</b>	CM15-0166287		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/13/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/10/2015
<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: California, North Carolina  
 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:

This 44-year-old female sustained an industrial injury to the low back on 12-3-04. Previous treatment included trigger point injections and medications. Magnetic resonance imaging lumbar spine (10-3-09) showed disc protrusion at L1-2, disc protrusion with annular tear at L2-3 and disc protrusion with nerve root compromise at L5-S1. In a PR-2 dated 2-19-15, the injured worker complained of low back pain that varied in intensity throughout the day; at times aching and other times burning and sharp pain. Prolonged walking and standing worsened her pain. Physical exam was remarkable for paraspinal musculature tenderness to palpation, restricted and painful range of motion, decreased sensation to light touch, positive straight leg raise and depressed affect and mood. The injured worker received medication refills (Norco and Soma). In a PR-2 dated 7-16-15, the injured worker complained of low back pain that varied in intensity throughout the day; at times aching and other times burning and sharp pain. Prolonged walking and standing worsened her pain. Physical exam was remarkable for paraspinal musculature tenderness to palpation, restricted and painful range of motion, decreased sensation to light touch, positive straight leg raise and depressed affect and mood. Current diagnoses included status post lumbar spine surgery (2009), right lumbar spine radiculopathy, discogenic low back pain, lumbar spine sprain and strain, depression, anxiety and insomnia. The physician noted that with Norco the injured worker could drive and walk. Without Norco, the injured worker was confined to her house. The treatment plan included continuing Norco, Soma and Prilosec.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #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 for chronic pain.

**Decision rationale:** CA MTUS Guidelines state that opioids have been suggested for neuropathic pain that has not responded to first-line recommendations (antidepressants, anticonvulsants). There are no trials of long-term use. Opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear. Ongoing opioid use is supported by MTUS if prescriptions are from a single prescriber, are prescribed at the lowest possible dose, and if there is ongoing review and documentation of pain relief, functional status, appropriate use and side effects. In this case, the amount of pain relief is not quantified. Functional improvement is only defined as able to drive and walk while taking Norco. The patient also appears to not be taking the medication as directed, since a urine drug screen was inappropriately negative. This finding was not addressed in the records. Therefore, the request is not medically necessary or appropriate.

**Soma 350 mg #90:** 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): Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Guidelines supports the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. SOMA is not recommended for longer than a 2-3 week period. When combined with an opioid, as in this case, adverse side effects are greatly increased. In this case, the use of SOMA exceeds recommended guidelines. Therefore, the request is not medically necessary or appropriate.

**Prilosec 20 mg #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:** CA MTUS supports the use of proton pump inhibitors (PPI) in patients who are at risk for GI symptoms from the use of NSAIDs. A person at risk for a GI event is defined as one who 1) has an age greater than 65; 2) has a history of peptic ulcer, GI bleeding or perforation; 3) concurrently uses ASA, corticosteroids and/or anticoagulants; and 4) is taking high dose/multiple NSAIDs. In this case, the patient does not have any risk factors for a GI event and does not appear to be currently taking an NSAID. The Prilosec is being prescribed to treat the side effects of Norco, which contains an opioid plus acetaminophen. Therefore, the request for Prilosec is not medically necessary or appropriate.