

<b>Case Number:</b>	CM15-0168992		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	03/15/1995
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 56 year old female, who sustained an industrial injury on 3-15-1995. The injured worker was diagnosed as having cervical postlaminectomy syndrome, status post C4-7 fusion, left upper extremity radiculopathy, cervicogenic headaches, cervicgia, reactionary depression-anxiety, left shoulder adhesive capsulitis, left hip pain, right knee internal derangement, cervical fusion C3-4, and inconclusive spinal cord stimulator trial. Treatment to date has included diagnostics, spinal cord stimulator trial in 2002, cervical spinal surgery in 2009, epidural steroid injections, Botox injections, and medications. Urine toxicology (3-27-2015) was inconsistent with the use of Norco. Currently (8-06-2015), the injured worker complains of ongoing and debilitating pain in her neck, with associated cervicogenic headaches, as well as radicular symptoms to both upper extremities. Pain was not rated. Pain rating on 3-27-2015 and 5-22-2015 was 8 out of 10. It was documented that her neck pain, cervicogenic headaches, and left upper extremity symptoms "have gotten significant worse", hindering her activities of daily living. Her work status was not documented. Her current medications included Norco, Prosom, Imitrex, Lexapro, and Fioricet. Discontinued medications included Restoril, Zanaflex, and Celebrex. Gastrointestinal symptoms were not noted. Exam of the cervical spine noted tenderness to palpation bilaterally, with increased muscle rigidity. There were numerous trigger points throughout the cervical paraspinal muscles. She had decreased range of motion with obvious muscle guarding. Sensory exam was decreased along the posterior lateral arm and lateral forearm on the left, when compared to the right. She received an injection of Toradol and

reported mild pain relief after about 10 minutes. She also received four trigger point injections. The use of Norco, Anaprox, and Prilosec was noted since at least 3-27-2015. Her medications were refilled, including Norco, Anaprox, and Prilosec.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**One (1) prescription for Norco 10/325mg #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): Opioids for chronic pain, Medications for chronic pain, Opioids, criteria for use.

**Decision rationale:** Based on the 08/06/15 progress report provided by treating physician, the patient presents with neck pain radiating to both upper extremities and cervicogenic headaches. The patient is status post cervical spine fusion in 2009. The request is for one (1) prescription for Norco 10/325mg #90. Patient's diagnosis per Request for Authorization Form dated 03/27/15 includes cervical herniated disc. Diagnosis on 08/06/15 included cervical postlaminectomy syndrome, left upper extremity radiculopathy, cervicalgia, left shoulder adhesive capsulitis, left hip pain, and right knee internal derangement. Physical examination to the cervical spine on 08/06/15 revealed tenderness to palpation, muscle rigidity and numerous trigger points to the paraspinal musculature. Range of motion decreased in all planes, along with muscle guarding. Treatment to date has included surgery, imaging and electrodiagnostic studies, failed spinal cord stimulator trial in 2002, epidural steroid injections, Botox injections, home exercise program and medications. Patient's medications include Norco, Anaprox, Prilosec, Imitrex, Prosom, Lexapro, Fioricet, Restoril, Celebrex and Fexmid. Patient's work status 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." Norco has been included in patient's medications, per progress reports dated 03/27/15, 05/22/15 and 08/06/15. It is not known when this medication was initiated. Per 08/06/15 report, treater states "the patient and family members describe greater than 50% improvement in pain and function, sleep pattern, ADL's, social and family participation, self-care and general Quality of Life in order to continue the present dose of the opioids and adjunct medication. Patient demonstrates that the current medications improve ROM, flexibility, strength and endurance, cooking, cleaning,

ambulating...the patient demonstrates improved pain and function." In this case, treater has discussed analgesia and provided examples of some activities of daily living demonstrating benefit from the medication. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. Furthermore, UDS report dated 04/01/15 revealed inconsistent results. No opioid pain agreement or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS, continued use of Norco cannot be warranted. Therefore, the request is not medically necessary.

**One (1) prescription for Prilosec 20mg #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, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 08/06/15 progress report provided by treating physician, the patient presents with neck pain radiating to both upper extremities and cervicogenic headaches. The patient is status post cervical spine fusion in 2009. The request is for one (1) prescription for Prilosec 20mg #60. Patient's diagnosis per Request for Authorization Form dated 03/27/15 includes cervical herniated disc. Diagnosis on 08/06/15 included cervical postlaminectomy syndrome, left upper extremity radiculopathy, cervicgia, left shoulder adhesive capsulitis, left hip pain, and right knee internal derangement. Physical examination to the cervical spine on 08/06/15 revealed tenderness to palpation, muscle rigidity and numerous trigger points to the paraspinal musculature. Range of motion decreased in all planes, along with muscle guarding. Treatment to date has included surgery, imaging and electrodiagnostic studies, failed spinal cord stimulator trial in 2002, epidural steroid injections, Botox injections, home exercise program and medications. Patient's medications include Norco, Anaprox, Prilosec, Imitrex, Prosom, Lexapro, Fioricet, Restoril, Celebrex and Fexmid. Patient's work status not provided. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." Prilosec and Anaprox have been included in patient's medications, per progress reports dated 03/27/15, 05/22/15 and 08/06/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

