

Case Number:	CM15-0180694		
Date Assigned:	09/22/2015	Date of Injury:	08/07/2013
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/14/2015

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 29 year old male, who sustained an industrial injury on August 7, 2013. The injured worker was being treated for low back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Medical records (March 25, 2015 to August 6, 2015) indicate ongoing low back pain, mostly on the right, radiating down the right lower extremity. The medical records (March 25, 2015 to August 6, 2015) show the subjective pain rating is 5-6 out of 10. The physical exam (March 25, 2015 to August 6, 2015) revealed intermittent gastric reflux, intermittent spasms and stiffness of the lumbar paraspinal muscles, and ongoing right greater than left facet joint tenderness. On December 29, 2014, an MRI of the lumbar spine revealed mild to moderate facet arthropathy. At L5-S1 (lumbar 5-sacral 1), there were discogenic degenerative changes resulting in moderate right greater than left lateral recess stenosis, a 6 millimeter central canal stenosis, moderate bilateral foraminal stenosis, due to a 6 millimeter broad-based central and right paracentral disc extrusion, and endplate spur complex. At L4-L5 (lumbar 4-lumbar 5), there was a 5 millimeter central canal stenosis, moderate right and to a lesser extent left lateral recess stenosis, and moderate bilateral foraminal stenosis due to a 5 millimeter broad-based central and right paracentral disc extrusion. Also noted were lesser degenerative changes. A signed contract between the injured worker and provider, risk assessment profile, and a recent urine drug screen were not included in the provided medical records. Treatment has included physical therapy, chiropractic therapy, a home exercise program, work modifications, off work, heat, a transcutaneous electrical nerve stimulation (TENS) unit, and medications pain (Norco since at least January 2015), proton pump inhibitor

(Omeprazole since at least January 2015), antidepressant, and non-steroidal anti-inflammatory (Ibuprofen since at least January 2015). On August 31, 2015, the requested treatments included Norco 5/325mg quantity 30 with three refills, Ibuprofen 600mg quantity 60 with three refills, and Omeprazole 20mg quantity 30 with three refills. On September 8, 2015, the original utilization review non-certified a request for Norco 5/325mg quantity 30 with three refills, Ibuprofen 600mg quantity 60 with three refills, and Omeprazole 20mg quantity 30 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg quantity 30 with three refills: 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: Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 5/10. The request is for Norco 5/325MG quantity 30 with three refills. Patient's diagnosis per Request for Authorization form dated 05/21/15 and 07/31/15 includes low back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Physical examination to the lumbar spine on 05/06/15 revealed spasm and stiffness noted to the paraspinal muscles. Treatment has included imaging studies, physical therapy, chiropractic therapy, a home exercise program, and medications. Patient's medications include Norco, Ibuprofen and Omeprazole. The patient may return to work on modified duty, per 08/06/15 report. 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, p77, 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, 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." Norco has been included in patient's medications, per progress reports dated 01/14/15, 05/06/15, and 08/06/15. Treater states in 06/17/15 report that Norco and Ibuprofen were prescribed in 08/13/13, per 08/07/13 Doctor's first report. In this case, treater has not stated how Norco reduces pain and significantly

improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Furthermore, MTUS does not clearly support chronic opiate use for this kind of condition, chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Ibuprofen 600mg quantity 60 with three refills: 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): Anti-inflammatory medications.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 5/10. The request is for ibuprofen 600mg quantity 60 with three refills. Patient's diagnosis per Request for Authorization form dated 05/21/15 and 07/31/15 includes low back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Physical examination to the lumbar spine on 05/06/15 revealed spasm and stiffness noted to the paraspinal muscles. Treatment has included imaging studies, physical therapy, chiropractic therapy, a home exercise program, and medications. Patient's medications include Norco, Ibuprofen and Omeprazole. The patient may return to work on modified duty, per 08/06/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Ibuprofen has been included in patient's medications, per progress reports dated 01/14/15, 05/06/15, and 08/06/15. Treater states in 06/17/15 report that Norco and Ibuprofen were prescribed in 08/13/13, per 08/07/13 Doctor's first report. The treater does not discuss the impact of the medication on pain and function, as required by MTUS page 60. There is no indication that Ibuprofen reduces pain and helps the patient perform activities of daily living with greater ease. Given the lack of documentation regarding efficacy, the request is not medically necessary.

Omeprazole 20mg quantity 30 with three refills: 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, specific drug list & adverse effects.

Decision rationale: Based on the 08/06/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the right leg, rated 5/10. The request is for omeprazole 20mg quantity 30 with three refills. Patient's diagnosis per request for Authorization form dated 05/21/15 and 07/31/15 includes low back pain, lumbar degenerative disc disease, and lumbar radiculopathy. Physical examination to the lumbar spine on 05/06/15 revealed spasm and stiffness noted to the paraspinal muscles. Treatment has included imaging studies, physical therapy, chiropractic therapy, a home exercise program, and medications. Patient's medications include Norco, Ibuprofen and Omeprazole. The patient may return to work on modified duty, per 08/06/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI 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." MTUS pg. 69 states "NSAIDs -Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Omeprazole has been included in patient's medications, per progress reports dated 01/14/15, 05/06/15, and 08/06/15. Per 05/06/15 report, treater states "GI: positive for reflux." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, the patient has been taking Omeprazole for almost 8 months from UR date of 09/08/15, and treater does not discuss how the patient is doing and why he needs to continue. MTUS requires a record of pain and function when medications are used for chronic pain. In addition, the request for quantity 30 with 3 refills is excessive. MTUS also requires physician monitoring when medications are used for chronic pain. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.