

<b>Case Number:</b>	CM15-0184194		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	02/09/2007
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 65 year old female with an industrial injury dated 02-09-2007. A review of the medical records indicates that the injured worker is undergoing treatment for degeneration of lumbar disc, lumbar herniated disc, lumbar stenosis, and lumbar facet arthropathy. In a progress report dated 07-29-2015, the injured worker reported ongoing low back and left leg complaints, relatively unchanged since last office visit. The injured worker reported difficulty sleeping averaging 4-5 hours. The injured worker reported 50% relief with medications. She also reported that the medications help increase her activity level and complete her exercises. Pain level was 6-7 out of 10 on a visual analog scale (VAS). According to the progress note dated 08-03-2015, the injured worker reported ongoing constant low back pain stabbing pain, left greater than right (75% on the left and 25% on the right). The injured worker reported that she continues to feel occasional pins and needles that radiate across the low back. The injured worker reported that her medications allow her to manage her pain to do her normal activities. Records (08-03-2015) indicate that the injured worker takes 3 Norco per day before workouts so she can function and build strength. Objective findings (08-03-2015) revealed antalgic gait, diffuse tenderness to palpitation of lumbar spine, main source of pain in L5, diminished bilateral reflexes, and bilateral sciatic notch tenderness. According to the progress note dated 08-21-2015, the injured worker reported that the symptoms are persistent and unchanged from previous visit. Pain level was 7 out of 10 on a visual analog scale (VAS). Current medications include Zanaflex, Tramadol, Norco, Prilosec, Pamelor, and Ketoprofen cream. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 07-24-2015 revealed degenerative disk disease and facet arthropathy with retrolisthesis T12-L1 and L.1-2 and grade 1 anterolisthesis L5-S1 with

Extensive postoperative changes and neural foraminal narrowing: L1-2 moderate left, L2-3 mild-to-moderate left, L4-6 mild-to-moderate right. Electromyography (EMG) on bilateral lower extremities revealed abnormal study. The electrodiagnostic study revealed evidence of left L4 radiculopathy. The treating physician reported that the computed tomography of "LSP" on 8-26-2014 revealed degenerative disc disease and facet arthropathy with S-shaped thoracolumbar scoliosis and grade 1 anterolisthesis L5-S1; Canal stenosis with L4-L5 mild canal stenosis; and neural foraminal narrowing with L1-L2 mild left; L2-L3 moderate right, moderate to severe left; L3-L4 moderate to severe left; L4-L5 moderate to severe right, mild to moderate left; and L5-S1 moderate bilateral neural foraminal narrowing; and vascular calcifications and sacroiliac degenerative change with fusion on the left. Treatment to date has included Magnetic Resonance Imaging (MRI) of lumbar spine, bone scan, right sacroiliac (SI) injection on 05-07-2014, lumbar fusion on 10-11-2011, hardware removal of hardware 03-26-2013, prescribed medications, aqua aerobics, 24 session of chiropractic care, 3 sessions of acupuncture, home exercise program and periodic follow up visits. The treating physician prescribed services for on-going follow ups with orthopedic, on-going follow ups with Pain Psych , Norco 5-325 mg Qty 90 (retrospective DOS 07-29-15) Norco 5-325 mg Qty 90 (retrospective DOS 08-03-15), Pamelor 25 mg Qty 30 and Omeprazole 20 mg Qty 60. The utilization review dated 08-31-2015, non-certified the request for on-going follow ups with orthopedic , on-going follow ups with Pain Psych , Norco 5-325 mg Qty 90 (retrospective DOS 07-29-15) Norco 5-325 mg Qty 90 (retrospective DOS 08-03-15), Pamelor 25 mg Qty 30 and Omeprazole 20 mg Qty 60.

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

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

**On-going follow ups with Orthopedic:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a follow-up visit for this patient. The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic back pain that has been evaluated by an orthopedist. The patient has not been documented to have a stable level of pain, controlled with medications. The patient is currently functional and able to perform her regular activities of daily living. There are no plans for surgical follow-up with operative intervention at this time. Therefore, based on the submitted medical documentation, the request for follow-up orthopedic consultation is not-medically necessary.

**On-going follow ups with Pain Psyche:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach, Follow-up.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of a follow-up visit for this patient. The California MTUS guidelines state: "Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms." Additionally, "Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work." This patient has chronic back pain that has been evaluated by pain management and an orthopedist. The patient has not been documented to have drug-seeking behavior and has been indicated to have a stable level of pain, controlled with medications. Therefore, based on the submitted medical documentation, the request for follow-up pain psych consultation is not-medically necessary.

**Norco 5/325 mg Qty 90 (retrospective DOS 07/29/15): Upheld**

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Norco is not-medically necessary.

**Norco 5/325 mg Qty 90 (retrospective DOS 08/03/15): Upheld**

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

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommends that dosing "not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Norco is not-medically necessary.

**Pamelor 25 mg Qty 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): Antidepressants for chronic pain.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. The California MTUS and the Official Disability Guidelines recommend that antidepressants can be utilized for the treatment of psychosomatic disorders associated with chronic pain syndrome. The records indicate that the patient denied the presence of depression, anxiety or any psychosomatic disorders. The patient reports that opiate therapy allows her to perform her regular, daily activities. There is no indication that the patient's pain is more uncontrolled than in past clinic visits. There is also no documentation that the patient failed treatment with first-line preventive and chronic antidepressant pain medications prior to this prescription. Therefore, based on the submitted medical documentation, the request for pamelor is not medically necessary.

**Omeprazole 20 mg Qty 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:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPIs (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. The patient has no documentation of why chronic PPI therapy is necessary. Medical records do not document that the patient has GERD which is documented to be refractory to H2 blocker therapy and there are no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.