

<b>Case Number:</b>	CM15-0186752		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/10/2000
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 74 year old male who sustained an industrial injury on 03-10-2000. According to the most recent progress report submitted for review and dated 07-30-2015, the injured worker reported neck and back pain which was rated 9 on a scale of 1-10. Pain "remained unchanged" since his last visit. He was taking medications regularly and tolerating them well. Medications were "helping with his pain". Physical examination of the cervical spine demonstrated moderate tenderness to palpation and spasm over the cervical paraspinal muscles extending to the right trapezius muscle. Spurling sign was positive on the right. There was facet tenderness to palpation at the C4 through C7 levels. Sensation was decreased along the C5, C6 and C7 dermatomal distributions on the right. Examination of the lumbar spine demonstrated diffuse tenderness to palpation over the paraspinal muscles. There was moderate facet tenderness to palpation at the L4 through S1 levels. Assessment included cervical discopathy, cervical radiculopathy, lumbar discopathy, lumbar radiculopathy, lumbar facet syndrome and status post right total hip replacement. The provider noted that the injured worker was essentially unchanged since his last visit. He was status post right total hip replacement. He had also developed low back pain with radicular symptoms into the right lower extremity in the L3 through S1 distributions. He also reported consistent neck pain with sharp, electrical sensation traveling into the right upper extremity in the C5, C6 and C7 distributions. He reported constant headaches and could not tolerate ambulating for more than 15 minutes without experiencing pain in his lumbar spine. The treatment plan included refill Norco, Naproxen, Protonix and Fexmid. Documentation shows use of Naproxen, Protonix and Hydrocodone dating back to June 2015 at which time

cervical spine pain was rated 7 on a scale of 1-10 and lumbar spine pain was rated 9. Work status at that time was deferred to the primary care physician. A urine drug toxicology report dated 07-30-2015 was positive for Hydrocodone and Hydromorphone and negative for all other substances tested. An authorization request dated 09-09-2015 was submitted for review. The requested services included Norco 10-325 mg every 4-6 hours #120, Naproxen 550 mg twice a day #60, Protonix 20 mg every day #30 and Fexmid 7.5 mg twice a day #90. On 09-16-2015, Utilization Review modified the request for 1 prescription for Norco 10-325 #120 and non-certified the request for 1 prescription for Protonix 20 #30 and 1 prescription for Fexmid 7.5 #90 and authorized the request for Naproxen.

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

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

#### **1 prescription for Norco 10/325 #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, criteria for use.

**Decision rationale:** 1 prescription for Norco 10/325 #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement and with increasing pain levels therefore the request for continued Norco is not medically necessary.

#### **1 prescription for Protonix 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:** 1 prescription for Protonix 20 mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Protonix is not medically necessary.

**1 prescription for Fexmid 7.5 #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** 1 prescription for Fexmid 7.5 #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Fexmid (Cyclobenzaprine) since. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week MTUS recommended time period for this medication. The request for Fexmid is not medically necessary.