

Case Number:	CM15-0188913		
Date Assigned:	09/30/2015	Date of Injury:	11/09/2009
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This is a 33 year old male who sustained an industrial injury on 11-9-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy and lumbago. Medical records (3-6-2015 to 8-7-2015) indicate ongoing low back pain. The injured worker rated his average pain as 7 out of 10, 5 out of 10 at best with medications and 10 out of 10 at worst. He was awaiting lumbar spine surgery. The injured worker complained of low back pain with numbness and pain down his left leg. Per the treating physician (8-7-2015), the injured worker was temporarily totally disabled. The physical exam (8-7-2015) revealed tenderness to palpation of the bilateral lumbar paraspinal muscles consistent with spasm. There was positive straight leg raise bilaterally. There was diminished sensation in the left L5 and S1 and right L5 dermatomes of the lower extremities. Treatment has included epidural steroid injection and medications. The injured worker has been prescribed Naproxen, Omeprazole and Norco since at least 3-6-2015. The request for authorization dated 8-14-2015 was for retrospective Naproxen, retrospective Omeprazole and Norco. The original Utilization Review (UR) (8-31-2015) denied requests for Naproxen, Omeprazole and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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 08/07/15 progress report provided by treating physician, the patient presents with low back pain with numbness and pain down his left leg. The request is for Naproxen 550MG #60. Patient's diagnosis per Request for Authorization form dated 08/14/15 includes displacement of lumbar disc and lumbago. Physical examination on 08/07/15 revealed spasm and tenderness to palpation to the bilateral lumbar paraspinal muscles. Positive straight leg raise bilaterally, and diminished sensation in the left L5 and S1 and right L5 dermatomes of the lower extremities. Treatment to date has included lumbar ESI's and medications. Patient's medications include Norco, Naproxen and Omeprazole. The patient is temporarily totally disabled, per 08/07/15 report. MTUS, Anti-inflammatory medications, pg 22 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Naproxen has been included in patient's medications per progress reports dated 01/30/15, 05/08/15, and 08/07/15. It is not known when this medication was initiated. Per 08/07/15 report, patient's pain is rated 5/10 with and 7/10 without medications. Treater states "medications are effective without any new side effects pain is relieved with medications." Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

Omeprazole 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 08/07/15 progress report provided by treating physician, the patient presents with low back pain with numbness and pain down his left leg. The request is for Omeprazole 20MG #60. Patient's diagnosis per Request for Authorization form dated 08/14/15 includes displacement of lumbar disc and lumbago. Physical examination on 08/07/15 revealed spasm and tenderness to palpation to the bilateral lumbar paraspinal muscles. Positive straight leg raise bilaterally, and diminished sensation in the left L5 and S1 and right L5 dermatomes of the lower extremities. Treatment to date has included lumbar ESI's and medications. Patient's medications include Norco, Naproxen and Omeprazole. The patient is temporarily totally

disabled, per 08/07/15 report. 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." Omeprazole and Naproxen have been included in patient's medications per progress reports dated 01/30/15, 05/08/15, and 08/07/15. It is not known when this medication was initiated. Per 08/07/15 report, patient's pain is rated 5/10 with and 7/10 without medications. Treater states "medications are effective without any new side effects pain is relieved with medications." 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. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Norco 10/325mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/07/15 progress report provided by treating physician, the patient presents with low back pain with numbness and pain down his left leg. The request is for Norco 10/325MG #60. Patient's diagnosis per Request for Authorization form dated 08/14/15 includes displacement of lumbar disc and lumbago. Physical examination on 08/07/15 revealed spasm and tenderness to palpation to the bilateral lumbar paraspinal muscles. Positive straight leg raise bilaterally, and diminished sensation in the left L5 and S1 and right L5 dermatomes of the lower extremities. Treatment to date has included lumbar ESI's and medications. Patient's medications include Norco, Naproxen and Omeprazole. The patient is temporarily totally disabled, per 08/07/15 report. MTUS Guidelines 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 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." Norco has been included in patient's medications per progress reports dated 01/30/15, 05/08/15, and 08/07/15. It is not known when this medication was initiated. Per 08/07/15 report, patient's pain is rated 5/10 with and 7/10 without medications. Treater states "medications are effective without any new side effects pain is relieved with medications." In this case, treater has addressed analgesia with numerical scales and has indicated there are not adverse effects. However, treater has not

discussed how Norco significantly improves patient's activities of daily living with specific examples. 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. UDS's dated 03/11/15 and 05/19/15 demonstrated consistent results, but there are no discussions on aberrant behavior, and no CURES reports or opioid pain agreement. No return to work, or change in work status, either. Treater has addressed some, but not all 4A's to warrant continued use of this medication, according to MTUS. Given the lack of documentation as required by guidelines, the request is not medically necessary.