

Case Number:	CM15-0189882		
Date Assigned:	10/02/2015	Date of Injury:	09/05/2012
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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 30 year old male sustained an industrial injury on 9-5-12. Documentation indicated that the injured worker was receiving treatment for lumbar strain and left ankle sprain and strain. Previous treatment included physical therapy, acupuncture, transcutaneous electrical nerve stimulator unit and medications. In a Pr-2 dated 1-29-15, the injured worker complained of persistent low back pain rated 8.5 out of 10 on the visual analog scale, with radiation to the left knee and ankle. The injured worker reported that Anaprox reduced his pain from 8.5 to 2 to 3 out of 10. Physical exam was remarkable for lumbar spine with tenderness to palpation over bilateral lumbar paraspinal musculature with mild spasm, "full" range of motion and intact neurovascular status. The treatment plan included a prescription for Norco and dispensing Anaprox. In a Pr-2 dated 6-10-15, the injured worker rated his lumbar spine pain 6 out of 10 on the visual analog scale. The injured worker stated that his pain was 9 to 10 out of 10 without medications and 2 to 3 out of 10 with medications. The injured worker stated that his back pain had slightly worsened despite acupuncture. The injured worker was continued on Naproxen Sodium and Norco. In a PR-2 dated 8-10-15, the injured worker complained of lumbar spine pain, rated 9 out of 10 on the visual analog scale with radiation to bilateral lower extremities. Physical exam was remarkable for lumbar spine with "marked" tenderness to palpation over the bilateral lumbar paraspinal musculature, "limited" range of motion in all planes with "severe" pain, intact neurovascular status and positive bilateral straight leg raise. The treatment plan included a spine surgeon consultation for possible lumbar epidural steroid injections and a

prescription for Keratex gel, Norco and Prilosec. On 9-15-15, Utilization Review noncertified a request for Prilosec 20mg #60, Norco 10-325mg # 90 and Keratek gel 4 ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole 20 MG) #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: The patient presents with pain in the lumbar spine radiating to the bilateral lower extremities. The request is for PRILOSEC (OMEPRAZOLE 20 MG) #60. The request for authorization is dated 08/10/15. Physical examination of the lumbar spine revealed marked tenderness over the bilateral lumbar paraspinal muscles. Range of motion is limited in all planes with severe pain. Bilateral straight leg raise test is positive. Patient's medications include Prilosec, Norco, Naproxen, and Kera-Tek. Per progress report dated 08/10/15, the patient is on modified work. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. This is the initial trial prescription for Prilosec. In this case, the patient is prescribed Naproxen Sodium, an NSAID. However, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are and why the patient needs to take it. Therefore, given the lack of documentation, the request IS NOT medically necessary.

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

Decision rationale: The patient presents with pain in the lumbar spine radiating to the bilateral lower extremities. The request is for NORCO 10/325 MG #90. The request for authorization is dated 08/10/15. Physical examination of the lumbar spine revealed marked tenderness over the bilateral lumbar paraspinal muscles. Range of motion is limited in all planes with severe pain. Bilateral straight leg raise test is positive. Patient's medications include Prilosec, Norco,

Naproxen, and Kera-Tek. Per progress report dated 08/10/15, the patient is on modified work. 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, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 01/26/15. 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, ADLs, etc. UDS was requested and results regarding compliance are not available. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Kera-Tek Gel 4 OZ: 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): Topical Analgesics.

Decision rationale: The patient presents with pain in the lumbar spine radiating to the bilateral lower extremities. The request is for KERA-TEK GEL 4 OZ. The request for authorization is dated 08/10/15. Physical examination of the lumbar spine revealed marked tenderness over the bilateral lumbar paraspinal muscles. Range of motion is limited in all planes with severe pain. Bilateral straight leg raise test is positive. Patient's medications include Prilosec, Norco, Naproxen, and Kera-Tek. Per progress report dated 08/10/15, the patient is on modified work. MTUS, Topical Analgesics section page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Per progress report dated 08/10/15, treater's reason for the request is the patient "to maintain the patient's painful symptoms, restore activity levels and aid in functional restoration." This appears to be the initial trial prescription for Kera Tek Gel. In this case, the patient continues with pain to the lumbar spine. However, guidelines do not support the use of topical NSAIDs for the treatment of spine, hip or shoulder conditions due to lack of evidence. The patient does not present with any other condition for which the use of topical NSAID would be indicated. Therefore, the request IS NOT medically necessary.