

<b>Case Number:</b>	CM15-0192543		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/06/1994
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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:

This is a 57 year old male with a date of injury of June 6, 1994. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral pain and lumbosacral radiculopathy. Medical records dated June 25, 2015 indicate that the injured worker complained of lumbar pain and radicular pain rated at a level of 8 out of 10. Records also indicate that the injured worker's functional status "Has been markedly improved with the medication regimen" and that the injured worker was "Able to walk 1.5 blocks with a one point cane, sleep has dramatically improved, and he is able to drive to this clinic". A progress note dated August 25, 2015 documented complaints of lumbar pain and radicular pain rated at a level of 9 out of 10. Per the treating physician (August 25, 2015), the employee's work status was documented as "Continue same work status". The physical exam dated June 25, 2015 reveals tenderness over the lower lumbar facet joints without spasm, positive facet maneuvers bilaterally, positive straight leg raising bilaterally, and normal strength. The progress note dated August 25, 2015 documented a physical examination that showed no changes since the examination performed on June 25, 2015. Treatment has included medications (Norco 10-325mg every six to eight hours as needed, Celebrex 200mg twice a day, Terocin lotion, as directed, and Opana ER 10mg every twelve hours since at least February of 2015), and transforaminal epidural steroid injection without improvement. Urine drug screen results were not documented in the submitted records. The original utilization review (September 2, 2015) non-certified a request for Prilosec 20mg #60 and Celebrex 200mg #60 with 3 refills, and partially certified a request for Norco 10-325mg

#180 with one refill for recommended weaning (original request for Norco 10-325mg #180 with one refill).

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

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

**Norco 10/325mg #180 with 1 refill:** 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 for chronic pain.

**Decision rationale:** The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #180 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, it is unclear if there has been a trial with an H2 blocker which would have a safer side effect profile and there is no documentation that the claimant is at risk for GI events. The request for Prilosec 20 mg #60 is not medically appropriate and necessary.

**Celebrex 200mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Guidelines recommend NSAIDs for treatment of pain at the lowest effective dose for the shortest period of time. In this case, the claimant has had chronic pain since 1994. Records did not document the duration of treatment or efficacy and functional benefit were not addressed. The request for Celebrex 200 mg #60 with 3 refills is not medically appropriate and necessary.