

<b>Case Number:</b>	CM15-0199525		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	04/11/2000
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Preventive Medicine, Occupational 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 58 year old female with an industrial injury date of 04-11-2000. Medical record review indicates she is being treated for chronic pain syndrome, degeneration of intervertebral disc, insomnia and myalgia. Subjective complaints (09-24-2015) included continuous left leg pain that radiates from lower back pain. "Pain seems to always be present, never goes away." Sleep disturbance is noted. The injured worker reports the pain to be 4 out of 10. The treating physician noted pain was usually worst at night and interrupted sleep. Work status is documented as temporary total disability (09-24-2015). Current (09-24-2015) medications included Norco, Dolobid, Diazepam, and Pantoprazole. The only other treatment note submitted for review is dated 05-01-2015 and indicates the injured worker was taking Norco, Dolobid, Diazepam, and Pantoprazole at that time. Abdominal findings are not indicated in the exam. Prior treatments and medications are not indicated in the records available for review. Physical examination (09-24-2015) included spinal exam documented as showing difficulties with range of motion of the lumbar spine due to pain and lumbar spinal, paraspinal and lumbar facet tenderness at lumbar 4-sacral 1. Left knee pain with extension was noted. Review of medical records does not indicate urine drug screening or pain contract. On 10-07-2015 the request for the following medications was non-certified by utilization review: Pantoprazole 20 mg, Norco 10/325 mg #15, Dolobid 500 mg, and Diazepam 5 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #15: Overturned**

**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.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. According to the documentation, the patient is working and has significant improvement in functioning due to the current drug regimen. I am reversing the previous utilization review decision. Norco 10/325mg #15 is medically necessary.

**Dolobid 500mg: Overturned**

**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:** CA MTUS 2009 Chronic Pain Treatment Guidelines recommend NSAIDs as first line therapy for pain. Based on the currently available information and the patient's ongoing complaints, the medical necessity for this medication has been established and the request is approved. According to the documentation, the patient is working and has significant improvement in functioning due to the current drug regimen. I am reversing the previous utilization review decision. Dolobid 500mg is medically necessary.

**Diazepam 5mg: Upheld**

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

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

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Diazepam 5mg is not medically necessary.

**Pantoprazole 20mg: Overturned**

**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:** Pantoprazole is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (1) age over 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. There is documentation that the patient has at least one of the risk factors needed to recommend a proton pump inhibitor. I am reversing the previous utilization review decision. Pantoprazole 20mg is medically necessary.