

<b>Case Number:</b>	CM15-0207158		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52 year old male who sustained an industrial injury on February 21, 2013. The worker is being treated for: status post thoracolumbar fusion, chronic low back injury with radiculopathy left lower extremity associated herniated disc, unstable spondylosis with scoliosis and compensatory thoracolumbar muscle spasm. Subjective: December 19, 2014 he states he is actually feeling reasonably well, he reports being down to taking occasional pain pills once weekly and leg pain seems a "bit improved." March 03, 2015 he reported complaint of low back pain. Objective: May 28, 2015 noted positive SLR on the left side and limited flexion and extension of the lumbar spine. Medications: December 19, 2014 noted Hydrocodone Acetaminophen and Naproxen (prescribed by another provider) Norco, MS Contin. January 20, 2015: Norco, and Naprosyn. March 03, 2015: refilled Vicodin, Omeprazole, one month supply. March 23, 2015: Hydrocodone Acetaminophen and Naproxen. April 16, 2015: refilled Vicodin, Omeprazole and Naprosyn. May 28, 2015, July 10, 2015: refilled Vicodin, Omeprazole, and Naprosyn. Diagnostics: myelogram lumbar, thoracic spine, CT lumbar spine December 10, 2014. Treatments: status post thoracolumbar fusion with fixation April 28, 2014. On August 27, 2015 a request was made for Norco 7.5 mg 325mg #100 that was modified, Omeprazole 20mg #60, and a quantitative urine drug screen which were both noncertified by Utilization review on September 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Opioids for chronic pain.

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain- Opioids for chronic pain states, "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 5/28/15. Therefore the request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case there is insufficient evidence in the records from 5/28/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Omeprazole is not medically necessary.

**1 Quantitative and qualitative urine drug screen:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines (Opioids, steps to avoid misuse/addiction pages 94-95), use of urine toxicology is encouraged particularly when opioids are prescribed. The following are steps to avoid misuse of opioids, and in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case there is sufficient evidence of chronic opioid use to warrant urine toxicology. Therefore the request is medically necessary.