

<b>Case Number:</b>	CM15-0209856		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on 07-17-2012. He has reported injury to the neck, right shoulders, right hip, and low back. The diagnoses have included chronic low back pain; MRI of the lumbar spine from 10-15-2012, mild spondylosis with facet arthritic changes at L4-L5; MRI of the cervical spine from 10-15-2012, no evidence of cord contusion, bone bruise, or ligamentous injury; and chronic right groin pain, MRI from 10-15-2012 showed bilateral labral tears. Treatment to date has included medication, diagnostics, TENS (transcutaneous electrical nerve stimulation), injections, and physical therapy. Medications have included Norco, Ultracet, Relafen, Elavil, and Prilosec. A progress note, dated 11-12-2014, noted that the injured worker has medication side effects; "there is some gastrointestinal upset"; and "Prilosec helps prevent this". A progress note from the treating physician, dated 09-24-2015, documented a follow-up visit with the injured worker. The injured worker reported back pain and right hip pain; he states that he would like to increase the Norco to two a day; the Ultracet was stopped about four months ago; he wants to go back to the medications that he was using before; he would like to go back on the Relafen as well; the Norco brings his pain from an 8 out of 10 in intensity down to a 4 out of 10 in intensity; this allows him to stay active with activities of daily living; the TENS unit also continues to help with some of the pain in his back and hip area; and the Prilosec helps with stomach upset. Objective findings included no acute distress; he ambulates with no antalgic gait; and he has increased pain with hip flexion and internal and external rotation of the right hip. The treatment plan has included the request for Norco 10-325mg #60; and Prilosec 20mg with 3 refills. The original utilization review, dated 08-24-2015, modified the request for Norco 10-325mg #60,

to Norco 10-325mg #45; and modified the request for Prilosec 20mg with 3 refills, to Prilosec 20mg with 1 refill.

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

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

**Norco 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years and required increase does recently indicating tolerance. There was no mention of Tylenol failure. The continued and chronic use of Norco is not medically necessary.

**Prilosec 20mg #30 with 3 refills: 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had noted more benefit from opioids than NSAIDs. Eliminating NSAIDs for GI protection rather than adding a PPI would be more beneficial. The continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.