

Case Number:	CM15-0027016		
Date Assigned:	02/19/2015	Date of Injury:	12/03/2013
Decision Date:	04/07/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 12/03/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar myoligamentous injury with left lower extremity radiculopathy in lumbar five to sacral one, cervical myoligamentous injury, right shoulder impingement syndrome, and medication-induced gastritis. Treatment to date has included multiple epidural steroid injections, chiropractic care, medication regimen, lumbar spine magnetic resonance imaging, cervical spine magnetic resonance imaging, and trigger point injections. In a progress note dated 01/15/2015 the treating provider reports ongoing pain to the lower back that radiates to the bilateral lower extremities. The treating physician requested the below listed medication noting the use of Norco for oral analgesia, Prilosec due to the development of medication-induced gastritis symptoms, use of Anaprox which was noted to help decrease the amount of Norco taken, and Ultracet that was remarkable for significant relief as an alternative to Norco. On 02/04/2015 Utilization Review non-certified the requested treatments of Ultracet 37.5/325mg with a quantity of 60, Anaprox DS 550mg with a quantity of 60, Prilosec 20mg with a quantity of 60, and Norco 10/325mg with a quantity of 60 all for the date of service of 01/15/2015, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated lower back pain which radiates into the bilateral lower extremities and unrated neck pain. The patient's date of injury is 12/03/13. Patient is status post bilateral lumbar ESI at L5/S1 on 08/04/14 with a repeat injection performed 10/16/14. Patient also received in-office lumbar trigger point injections on 01/15/15. The request is for ULTRACET 37.5/325 MG #60. The RFA is dated 01/15/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius, medial scapular and sub-occipital region. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles and sciatic notches. Treater also notes trigger points and taut bands in the lumbar spine, decreased sensation in the posterior calves bilaterally, and positive straight leg raise test bilaterally at 60 degrees - left significantly greater than right. The patient is currently prescribed Ultracet, Anaprox, and Prilosec. Diagnostic imaging was not included, though 01/15/15 progress note discusses lumbar MRI dated 05/22/14, significant findings include: "L5-S1, a 5mm disc protrusion with tear of the superior annulus of the nucleus pulposus." Treater also references cervical MRI dated 03/31/14, significant findings include: "Spondylolisthesis of C3 over C4 and C7 over T1." Patient's current work status is not provided. MTUS Guidelines pages 88 - 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 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. Per progress report dated 01/15/15 Ultracet is prescribed to mitigate chronic lower back pain. However, there is inadequate documentation of pain reduction; no documentation of specific ADL's showing functional improvement and no behavioral issues are addressed such as urine toxicology. Progress report dated 01/15/15 states: "The patient has noted significant relief with the use of Ultracet as an alternative to Norco." Such vague statements do not satisfy MTUS requirements of rated pain relief and specific functional improvements. Owing to a lack of 4A's as required by MTUS, the continued use of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

Anaprox DS 550mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with unrated lower back pain which radiates into the bilateral lower extremities and unrated neck pain. The patient's date of injury is 12/03/13. Patient is status post bilateral lumbar ESI at L5/S1 on 08/04/14 with a repeat injection performed 10/16/14. Patient also received in-office lumbar trigger point injections on 01/15/15. The request is for ANAPROX DS 550MG #60. The RFA is dated 01/15/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius, medial scapular and sub-occipital region. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles and sciatic notches. Treater also notes trigger points and taut bands in the lumbar spine, decreased sensation in the posterior calves bilaterally, and positive straight leg raise test bilaterally at 60 degrees - left significantly greater than right. The patient is currently prescribed Ultracet, Anaprox, and Prilosec. Diagnostic imaging was not included, though 01/15/15 progress note discusses lumbar MRI dated 05/22/14, significant findings include: "L5-S1, a 5mm disc protrusion with tear of the superior annulus of the nucleus pulposus." Treater also references cervical MRI dated 03/31/14, significant findings include: "Spondylolisthesis of C3 over C4 and C7 over T1." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for a continuation of Anaprox for this patient's chronic lower back pain, the request appears reasonable. Naproxen has been prescribed since at least 07/30/14. While the treater does not provide specifics regarding NSAID on patient's pain or function, progress note dated 01/15/15 states: "He relies mostly on Anaprox" He feels as though Anaprox along with trigger point injections enables him to keep his Norco and Tramadol down to a minimum. Oral NSAIDs are considered first line therapy given the patient's chronic pain condition, treater has provided documentation that this medication has allowed him to reduce opiate medications. Therefore, the request IS medically necessary.

Prilosec 20mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with unrated lower back pain which radiates into the bilateral lower extremities and unrated neck pain. The patient's date of injury is 12/03/13. Patient is status post bilateral lumbar ESI at L5/S1 on 08/04/14 with a repeat injection performed 10/16/14. Patient also received in-office lumbar trigger point injections on 01/15/15. The request is for PRILOSEC 20MG, #60. The RFA is dated 01/15/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius, medial scapular and

sub-occipital region. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles and sciatic notches. Treater also notes trigger points and taut bands in the lumbar spine, decreased sensation in the posterior calves bilaterally, and positive straight leg raise test bilaterally at 60 degrees - left significantly greater than right. The patient is currently prescribed Ultracet, Anaprox, and Prilosec. Diagnostic imaging was not included, though 01/15/15 progress note discusses lumbar MRI dated 05/22/14, significant findings include: "L5-S1, a 5mm disc protrusion with tear of the superior annulus of the nucleus pulposus." Treater also references cervical MRI dated 03/31/14, significant findings include: "Spondylolisthesis of C3 over C4 and C7 over T1." Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for Prilosec, the reports provided show that this patient has been taking this medication since at least 07/30/14. Progress reports indicate that this patient is currently taking an NSAID, Anaprox. PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy. Progress note dated 01/15/15 states: "he requires Prilosec as he does develop medication-induced gastritis symptoms. His gastritis and GERD symptoms are well controlled when he used Prilosec on a regular basis, otherwise the symptoms return." Owing to a documented improvement of NSAID-associated gastric symptoms attributed to this medication, continued use is appropriate. Therefore, this request IS medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with unrated lower back pain which radiates into the bilateral lower extremities and unrated neck pain. The patient's date of injury is 12/03/13. Patient is status post bilateral lumbar ESI at L5/S1 on 08/04/14 with a repeat injection performed 10/16/14. Patient also received in-office lumbar trigger point injections on 01/15/15. The request is for NORCO 10/325MG #60. The RFA is dated 01/15/15. Physical examination dated 01/15/15 reveals tenderness to palpation of the cervical paraspinal muscles, trapezius, medial scapular and sub-occipital region. Lumbar examination reveals tenderness to palpation of the lumbar paraspinal muscles and sciatic notches. Treater also notes trigger points and taut bands in the lumbar spine, decreased sensation in the posterior calves bilaterally, and positive straight leg raise test bilaterally at 60 degrees - left significantly greater than right. The patient is currently prescribed Ultracet, Anaprox, and Prilosec. Diagnostic imaging was not included, though 01/15/15 progress note discusses lumbar MRI dated 05/22/14, significant findings include: "L5-S1, a 5mm disc protrusion with tear of the superior annulus of the nucleus pulposus." Treater also references cervical MRI dated 03/31/14, significant findings include: "Spondylolisthesis of C3 over C4 and C7 over T1." Patient's current work status is not provided. MTUS Guidelines

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 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. In regards to the request for a continuing prescription of Norco, treater has not documented adequate pain relief/functional improvement attributed to this medication. This patient has been prescribed Norco since at least 07/30/14. Progress report dated 01/15/15 does not provide any specific pain relief, functional improvements, consistent urine drug screens, or discussion of aberrant behavior. Progress note dated 01/15/15 indicates that this patient has been substituting Norco with Ultram, as the former is being denied, though does not provide specific evidence of relief attributed to either medication. Owing to a lack of 4A's as required by MTUS, the request IS NOT medically necessary.