

<b>Case Number:</b>	CM15-0034555		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/09/2002
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Texas, New York, 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 applicant is a represented 51-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2002. In a utilization review report dated February 13, 2015, the claims administrator failed to approve requests for omeprazole, Soma, Naprosyn, and Norco. The claims administrator referenced a February 3, 2015 progress note in its determination. The claims administrator's report was approximately 10 pages long and quite difficult to follow. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported worsening low back pain radiating into bilateral lower extremities. The applicant stated that standing and walking were problematic. The applicant was status post failed lumbar spine surgery. Omeprazole, Soma, Naprosyn, and Norco were renewed. Permanent work restrictions imposed by a medical-legal evaluator were likewise renewed. The applicant did not appear to be working with said limitations in place. Lumbar MRI imaging was sought. Little to no discussion of medication efficacy transpired. The progress note made no mention of the applicant as having any issues with reflux, heartburn, and/or dyspepsia. The applicant had initially alleged development of multifocal pain complaints secondary to cumulative trauma at work. On February 3, 2015, the applicant reported persistent complaints of low back pain. Ancillary complaints of wrist and hip pain were noted. Omeprazole, Soma, Naprosyn, and Prilosec were renewed once again, without any discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 w/2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular risk.

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

**Decision rationale:** No, the request for omeprazole, a proton-pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, multiple progress notes, referenced above, including the February 3, 2015 progress note at issue, contained no references to issues with reflux, heartburn, and/or dyspepsia. Therefore, the request was not medically necessary.

**Carisoprodol 350mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodol 350TM, Vanadom, generic available);Carisoprodol (Soma) Page(s): 65; 29.

**Decision rationale:** Similarly, the request for carisoprodol (Soma) likewise was not medically necessary, medically appropriate, or indicated here. The 60-tablet, two-refill supply of carisoprodol at issue represents treatment well in excess of the two to three-week period for which carisoprodol is recommended per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines further cautions against using carisoprodol in conjunction with opioid agents. Here, the applicant was/is concurrently using Norco, an opioid agent. Therefore, the request was not medically necessary.

**Naproxen Sodium 550mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory

medications such as Naprosyn do represent a traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. Permanent work restrictions imposed by medical-legal evaluator were renewed, seemingly unchanged, from visit to visit. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

**Hydrocodone/APAP 10/325mg #180 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs), Specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for hydrocodone - acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off work, despite ongoing Norco usage. Permanent work restrictions were seemingly renewed, unchanged, from visit to visit. The attending provider has failed to outline any material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.