

<b>Case Number:</b>	CM15-0035608		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/01/2001
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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 59 year old female, who sustained an industrial injury on September 1, 2001. The diagnoses have included lumbago and low back pain. Treatment to date has included medication, epidural steroid injections, lumbar support, diagnostic studies and physical therapy. Currently, the injured worker complains of continued low back pain and radiation of pain to the right lower extremity. She rates her pain an 8 on a 10 point scale with medications on examination she exhibits. On February 16, 2015, Utilization Review non-certified a request for Fexmid 7.5 mg #180, Norco 10/325 mg #180, Prilosec 20 mg #60 and MRI of the lumbar spine, noting that Fexmid is not recommended for long-term use and noting that there is no rationale provided in terms of chronic use of the muscle relaxant; noting that the dose of Norco is high and that the medication regimen is not associated with detailed specific objective measures of functional benefit related to Norco; noting that there is no report of acute measure of functional deterioration or focal neurological deterioration since the previous MRI to support a new MRI and noting that there is no report of gastrointestinal disease or risk factors to support the need for Prilosec. The California Medical Treatment Utilization Schedule and the ACOEM was cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Fexmid 7.5 mg #180, Norco 10/325 mg #180, Prilosec 20 mg #60 and MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**Decision rationale:** The MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. The medical record fails to document sufficient findings indicative of nerve root compromise which would warrant an MRI of the lumbar spine. MRI of the lumbar spine is not medically necessary.

**Fexmid 7.5mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been prescribed a quantity of cyclobenzaprine that greater than the amount necessary for a 2-3 week course recommended by the MTUS. Cyclobenzaprine is not medically necessary. Fexmid 7.5mg #180 is not medically necessary.

**Norco 10-325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**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. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10-325mg #180 is not medically necessary.

**Prilosec 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 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 no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Prilosec 20mg #60 is not medically necessary.