

<b>Case Number:</b>	CM15-0042683		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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(n) 36 year old male, who sustained an industrial injury on 7/22/09. He reported pain in the back. The injured worker was diagnosed as having lumbar radiculopathy, disc protrusion and sciatica. Treatment to date has included lumbar decompression, lumbar MRI, physical therapy and pain medications. As of the PR2 dated 1/28/15, the injured worker reports ongoing back pain despite surgical intervention. The treating physician is recommending facet injections to assist with pain management, as well as continuing current oral pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Na 500mg/tab; 1 tab BID with Food #60:** 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 Page(s): 67-71.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The requested medication is not medically necessary.

**Flexeril 7.5mg/tab; 1 tab TID PRN #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Omeprazole DR 20mg/tab; 1 tab every day #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs: NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPIs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

## **6 panel Urine drug test x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Testing.

**Decision rationale:** According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, there is no documentation of previous urine drug screen results and no documentation of the patient's risk stratification to determine the need for urine drug testing x 6. Medical necessity for the requested service is not established. The requested service is not medically necessary.

## **Bilateral L4-L5, L5-S1 Intra-Articular Facet Injection: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

**Decision rationale:** This patient is 35 year old male who sustained an industrial injury on 7/22/09, injuring his low back. The patient's diagnoses include, status post lumbar decompression/laminectomy (2013) with ongoing low back pain with radiculopathy, with radiation to both lower extremities, disc protrusion at L5-S1, sciatica, and urinary dysfunction. Treatment to date has included lumbar decompression/laminectomy, lumbar MRI, physical therapy and pain medications. Indicators of pain related to facet joint pathology include, tenderness to palpation in the paravertebral areas (over the facet region); axial low back pain; and absence of radicular findings in a dermatomal distribution, although pain may radiate below the knee. Patients with lumbar facet pain (facet syndrome) typically present with back, buttock, or hip pain. Post-laminectomy syndrome, or non-radicular pain occurring after laminectomy, is an acceptable reason to perform facet injections. However, radiculopathy, leg weakness, and leg numbness are NOT considered part of the facet syndrome, and might suggest nerve root compression. According to the documentation, this patient has LBP with radicular pain. The facet joint injections are limited to patients with low-back pain that is non-radicular (and at no more than two levels bilaterally). Medical necessity for the requested injections have not been established. The requested bilateral L4-L5, L5-S1 intra-articular lumbar facet injections are not medically necessary.