

<b>Case Number:</b>	CM15-0052631		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	01/15/2006
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 64-year-old male who reported an injury on 01/16/2006. The mechanism of injury involved heavy lifting. The current diagnosis is chronic lumbar radiculopathy. The injured worker presented on 03/10/2015 with complaints of low back and lower extremity pain. The injured worker indicated he had been unable to obtain a prescription for Percocet due to insurance delay. Upon examination there was mild distress noted. There was an antalgic gait, tenderness to palpation over the lumbar spine, and moderately reduced range of motion. The injured worker was utilizing a lumbar brace and a cane for ambulation assistance. Recommendations at that time included continuation of the current medication regimen. There was no Request For Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of a pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker is currently utilizing Percocet 10/235 mg. There was no indication that the injured worker was actively utilizing Norco. The medical necessity for the requested medication has not been established. In addition, there was no evidence of a failure of nonopioid analgesic. There was no documentation of a written consent or agreement for chronic use of an opioid. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

**Restoril 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** California MTUS Guidelines state benzodiazepines are not recommend for long term use because long term efficacy is unproven and there is a risk of dependence. In this case, the injured worker does not maintain a diagnosis of insomnia disorder or anxiety disorder. The medical necessity for a benzodiazepine has not been established. Guidelines do not support the long term use of benzodiazepines. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Protonix 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also frequency listed in the request. As such, the request is not medically appropriate.

**Motrin 800mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended after a second line option after acetaminophen. The injured worker has utilized the above medication since at least 12/2014. There is no documentation of objective functional improvement. Guidelines do not support the long term use of NSAIDs. There is also no frequency listed in the request. As such, the request is not medically appropriate.