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| <b>Case Number:</b>   | CM15-0055844 |                              |            |
| <b>Date Assigned:</b> | 04/01/2015   | <b>Date of Injury:</b>       | 06/08/2011 |
| <b>Decision Date:</b> | 05/14/2015   | <b>UR Denial Date:</b>       | 03/18/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/24/2015 |

### 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, Arizona  
 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 46-year-old male who reported injury on 05/08/2011. The mechanism of injury was the injured worker was lifting heavy pipes. The injured worker was noted to undergo surgical intervention to the lumbar spine. The documentation of 10/30/2014 revealed the injured worker had been on Norco, Lyrica, Robaxin, Naprosyn/Motrin, and omeprazole for GI complaints since at least 10/30/2014. The documentation of 03/02/2015 revealed the injured worker had low back pain. The injured worker was noted to be without medications for approximately 6 weeks. The medications were noted to be helpful and help his pain to be tolerable. Omeprazole prevented GI upset from oral NSAIDs which he had in the past. Pain with medications was an 8/10 to 9/10 and without medications was a 10/10. The injured worker indicated his pain was currently worse. The physical examination revealed diminished sensation in the right at L4-L6 dermatomes. There was tenderness to palpation at the paraspinal muscles, right greater than left. There was decreased range of motion. The diagnoses include low back pain, muscle pain, numbness, and chronic pain syndrome. The treatment plan included a refill of the medications. The injured worker underwent urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate risk or higher for gastrointestinal events. However, the medication was utilized to treat dyspepsia which the injured worker previously had. The efficacy was proven. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.

**Lyrica 100mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and that the injured worker had at least 30% to 50% pain relief with the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lyrica 100 mg #90 is not medically necessary.

**Robaxin 500mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. There was a lack of documentation of objective functional benefit with the medication. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Robaxin 500 mg #120 is not medically necessary.

**Motrin 800mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

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

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. There was an objective decrease in pain; however, there was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Motrin 800 mg #90 is not medically necessary.