

<b>Case Number:</b>	CM15-0055936		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/05/2015
<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: Pennsylvania, Ohio, 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 39 year old male, who sustained a work/ industrial injury on 4/29/13. He has reported initial symptoms of a sharp pain in his lower back. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatments to date included medication, lumbar steroid injection, physical therapy, home exercise program, psychology, and acupuncture. Magnetic Resonance Imaging (MRI) was performed on 7/8/13 and 8/20/14. Currently, the injured worker complains of back pain. The treating physician's report indicated diagnosis was lumbar displaced intervertebral disc, herniated nucleus pulposus and lumbar radiculopathy. Treatment plan included Protonix, Naproxen, and Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Protonix 20mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications; Opioids, specific drug list; Non Steroidal Anti Inflammatory Drugs Page(s): 78-80; 124; 91; 68-69; 67-68, and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. Therefore the request is not medically necessary.

**Naproxen 500mg quantity 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications; Opioids, specific drug list; Non Steroidal Anti Inflammatory Drugs Page(s): 78-80; 124; 91; 68-69; 67-68, and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

**Decision rationale:** MTUS recommends NSAIDs as a first-line for chronic musculoskeletal pain. An initial physician review states that no benefit of this drug have been documented; however, medical records document substantial benefit to the point of "dependence" upon NSAIDs given not only benefits symptomatically but also a lack of side effects as had been experienced with opioids and muscle relaxers. Thus the guidelines have been met; the request is medically necessary.

**Hydrocodone 5/325mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 78-80; 124; 91; 68-69; 67-68, and 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, Opioids for Chronic Pain Page(s): 78 and 80.

**Decision rationale:** MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.