

<b>Case Number:</b>	CM15-0062099		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 52-year-old male who sustained an industrial injury on December 3, 2013. There was no mechanism of injury documented. The injured worker was diagnosed with cervical spine sprain/strain with underlying myofascial pain syndrome, thoracic sprain/strain and lumbar spine sprain/strain rule out lumbar radiculopathy. The injured worker underwent bilateral epidural steroid injection (ESI) of L5-S1 on August 4, 2014 and October 16, 2014. On February 18, 2014, the injured worker received 4 trigger point injections. Treatment to date has included diagnostic testing, epidural steroid injection (ESI), trigger point injections, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on February 25, 2015, the injured worker continues to experience persistent low back pain with decreased range of motion and positive straight leg raise left side greater than right side. A follow-up pain management consultation on February 18, 2015 provided an examination, which demonstrated tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital area with multiple trigger points and taut bands palpated throughout with decreased range of motion in all planes. The right shoulder was tender in the lateral and subacromial bursa region with decreased range of motion. Examination of the lumbar spine demonstrated tenderness to palpation of the paravertebral muscles and sciatic notch with multiple trigger points, taut bands and decreased range of motion. Sensory, motor and deep tendon reflexes were abnormal. Current medications are listed as Norco, Neurontin, Medicinal Marijuana, Anaprox, Prilosec and Ultracet. Treatment plan consists of orthopedic spine surgeon follow-up, decrease opioid medication and the request for retrospective Anaprox DS 550mg,

#60 (DOS: 2/18/15), retrospective Prilosec 20mg, #60 (DOS: 2/18/15) and retrospective Ultracet 37.5/325mg, #60 (DOS: 2/18/15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Anaprox DS 550mg, #60 (DOS: 2/18/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Retrospective Anaprox DS 550mg, #60 (DOS: 2/18/15) is not medically necessary and appropriate.

#### **Retrospective Prilosec 20mg, #60 (DOS: 2/18/15): 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), PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

**Decision rationale:** Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Retrospective Prilosec 20mg, #60 (DOS: 2/18/15) is not medically necessary and appropriate.

#### **Retrospective Ultracet 37.5/325mg, #60 (DOS: 2/18/15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retrospective Ultracet 37.5/325mg, #60 (DOS: 2/18/15) is not medically necessary and appropriate.