

<b>Case Number:</b>	CM15-0080383		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	12/11/2011
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 43-year-old male who sustained an industrial injury on December 11, 2011. Previous treatment includes MRI of the lumbar spine, medications, physical therapy, chiropractic therapy and modified work duties. Currently on 2/25/15, the injured worker complains of bilateral shoulder pain, bilateral knee pain and left inguinal pain. Physical examination of the lumbar spine revealed tenderness on palpation. Diagnoses associated with the request include bilateral shoulder sprain/strain, thoracic and lumbar spine sprain/strain and bilateral knee sprain/strain. The treatment plan includes omeprazole, Flexeril, Norco, Ambien and follow-up appointment. The patient sustained the injury due to cumulative trauma. The medication list includes Tramadol, Prilosec, Zanaflex and Relafen. A recent urine drug screen report was not specified in the records provided. A recent detailed psychological evaluation note was not specified in the records provided. The patient has had MRI of the lumbar spine on 7/23/14 that revealed disc bulge with foraminal narrowing, and EMG of UE that revealed mild bilateral CTS and EMG study of the LE. A recent detailed examination of the gastrointestinal tract was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk page(s): 68-69.

**Decision rationale:** Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when: "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for PRILOSEC 20MG #60 is not fully established in this patient. Therefore, the request is not medically necessary.

**Flexeril:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**Decision rationale:** According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." Currently on 2/25/15 the injured worker complains of bilateral shoulder pain, bilateral knee pain and left inguinal pain. Physical examination of the lumbar spine revealed tenderness on palpation. Diagnoses associated with the request include bilateral shoulder sprain/strain, thoracic and lumbar spine sprain/strain and bilateral knee sprain/strain. The patient sustained the injury due to cumulative trauma. The medication list include Tramadol, Prilosec, Zanaflex and Relafen. The patient has had MRI of the lumbar spine on 7/23/14 that revealed disc bulge with foraminal narrowing, and EMG of UE that revealed mild bilateral CTS and EMG study of the LE. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, with this, it is deemed that, the use of the muscle relaxant Flexeril is medically appropriate and necessary in this patient.

**Norco 10/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Criteria for use of opioids, Therapeutic Trial of Opioids page(s): 76-80.

**Decision rationale:** Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "the lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids/lower doses of opioids and other non opioid medications, was not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of NORCO 10/325MG #90 is not necessary for this patient.

**Follow up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 47.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, IME and consultations.

**Decision rationale:** Per the cited guidelines, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Currently on 2/25/15 the injured worker complains of bilateral shoulder pain, bilateral knee pain and left inguinal pain. Physical examination of the lumbar spine revealed tenderness on palpation. Diagnoses associated with the request include bilateral shoulder sprain/strain, thoracic and lumbar spine sprain/strain and bilateral knee sprain/strain. The patient sustained the injury

due to cumulative trauma. The medication list include Tramadol , Prilosec, Zanaflex and Relafen. The patient has had MRI of the lumbar spine on 7/23/14 that revealed disc bulge with foraminal narrowing, and EMG of UE that revealed mild bilateral CTS The pt is taking controlled substances like Norco. This is a complex case. A follow-up visit with a pain management specialist is deemed medically appropriate and necessary.