

<b>Case Number:</b>	CM15-0084955		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 61 year old female, who sustained an industrial injury on 05/23/1997. Diagnoses included chronic low back pain residuals of two lumbar surgeries in 2005 and 07/05/2012 with L3-S1 fusion with residual radiculopathy and low back pain and cervical strain with intermittent radicular symptoms to the left upper extremity. Treatment to date has included spine surgery, physical therapy and medications. According to a progress report dated 03/27/2015, the injured worker complained of low back pain that was rated 8 on a scale of 1-10. She also reported an altered feeling or sensation in the thigh and knee area and the top of her feet. She had cervical spine pain rated at 6-7/10. The pain occasionally radiated to the left upper extremity with a tingling and burning sensation. Pain was decreased with medication, but she ultimately would not like to take medications to manage her pain. Physical therapy was beneficial for her pain management without constant use of medications. Two weeks prior, lumbar spine pain and neck pain were so severe that she went to her primary care physician and was given a shot of Toradol which seemed to help. She reported increased bruising recently. The provider noted that the injured worker remained on long term opioids because it did provide good analgesia, at least 30-50 percent improvement when she took it. It helped with activities of daily living. There were no adverse effects and no aberrant drug-seeking behavior. Treatment plan included physical therapy, supplies for muscle stimulator, bilateral shoe inserts, MRI of the cervical and lumbar spine, labs, home exercise and discontinuation of Naproxen secondary to increased bruising. Prescriptions were given for Norco for pain, Prevacid for upset stomach and Condrolite.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304 and 309. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for the Imaging of Lower Back Pain, Revised 2011.

**Decision rationale:** Magnetic Resonance Imaging (MRI) scans are medical imaging studies used in radiology to investigate the anatomy and physiology of the body in both healthy and diseased tissues. MRIs of the lower back are indicated in acute injuries with associated red flags, that is, signs and symptoms suggesting acutely compromised nerve tissue. In chronic situations the indications rely more on a history of failure to improve with conservative therapies, the need for clarification of anatomy before surgery, or to identify potentially serious problems such as tumors or nerve root compromise. When the history is non-specific for nerve compromise but conservative treatment has not been effective in improving the patient's symptoms, electromyography (EMG) and nerve conduction velocity (NCV) studies are recommended before having a MRI done. This patient does meet the criteria of prolonged or persistent symptoms despite conservative care but the symptoms are non-specific, there are no red flags and an EMG/NCV study has not been done. At this point in the care of this individual a MRI of the lower back is not indicated. Medical necessity for this test has not been established.

**3 Condrolite 500/200/150mg #90:** 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 Glucosamine (and Chondroitin Sulfate) Page(s): 50.

**Decision rationale:** Condrolite is a medical nutritional supplement consisting of a combination of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and Methylsulfonylmethane (MSM) 150mg. It is marketed to support the structure and function of joints; however, there is little scientific evidence to support this use. It is important to note that in America it is illegal to market any dietary supplement as a treatment for any disease or condition. The MTUS only recommends its use in low risk patients with moderate arthritis. Of the components in this compound neither glucosamine nor chondroitin have been shown to be effective in treating osteoarthritis although studies have suggested prevention of worsening of osteoarthritic changes in the knee. Lab analysis shows that chondroitin sulfate is an important structural component of cartilage and provides much of its resistance to compression. However, studies have not confirmed that taken orally chondroitin has a benefit to degenerating joint cartilage. MSM is an

organ sulfur compound which some researchers have suggested has anti-inflammatory effects and there are some small scale trials that suggest benefit from MSM in patients with osteoarthritis. This patient is not diagnosed with a condition for which use of this supplement should be expected to help. It is not meant to treat or help degenerative disc disease of the vertebral column. Medical necessity for its use has not been established.

**Norco 5/325mg #20:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60, 61 and 74-96.

**Decision rationale:** Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. First-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried and were not helpful in controlling pain. Additionally, the provider has documented beneficial effects of decreased pain and increased function from use of this medication with intermittent, not continuous, use of opioid medications. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to safe use of chronic opioid therapy. The provider has been following these criteria. Considering the entire above, medical necessity for continued use of Norco has been established.

**Prevacid 15mg #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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Lansoprazole (Prevacid) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) especially if at high risk of a gastrointestinal (GI) bleed such as age over 65, history of GI bleeds and/or concurrent treatment with other at-risk medications such as aspirin, corticosteroids or anticoagulants. The MTUS does not address its

use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since this patient is not presently taking NSAIDs, is using opioids only on an occasional as needed basis, has no gastrointestinal (GI) complaints and has no risk factors for a GI event the MTUS does not recommend prophylaxis with a proton pump inhibitor. Medical necessity for use of this medication has not been established.