

<b>Case Number:</b>	CM14-0112080		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 44-year-old female who has submitted a claim for chronic low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5-S1 radiculitis, lumbar myofascial pain syndrome, and chronic pain syndrome associated with an industrial injury date of September 22, 2006. Medical records from 2014 were reviewed. The patient complained of low back pain, rated 7-9/10 in severity. The pain was characterized as popping and grinding in the low back with associated pain into her buttocks and from her hip down to her posterior thigh. Sitting, standing, walking, bending, and lifting made her pain worse. Physical examination showed tenderness on the right lumbar paraspinals. Range of motion of the lumbar spine was limited. Straight leg raise test was positive on the left. Motor strength and sensation was intact. Imaging studies were not available. Treatment to date has included medications, activity modification, and lumbar epidural steroid injection. Utilization review, dated June 20, 2014, denied the request for 60 tablets of Docusate Sodium 100mg because there was a lack of documented efficacy for the requested medication; modified the request for 60 tablets of Norco 5/325mg to 30 tablets of Norco 5/325mg to facilitate weaning and because of lack of objective functional improvement; and denied the request for 60 capsules of Omeprazole 20mg because there was a lack of documented efficacy for this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Docusate Sodium 100mg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines indicates that with opioid therapy, prophylactic treatment of constipation should be initiated. Docusate is a stool softener. In this case, the patient has been using opioids as early as January 2014 and Docusate sodium since June 2014. This medication is necessary to manage constipation associated with opioid intake. Although patient has no subjective complaint of constipation, prophylactic treatment is recommended as stated above. Therefore, the request for 60 Tablets of Docusate Sodium 100mg is medically necessary.

**60 Tablets of Norco 5/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Pages 77, 78, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking opioids since January 2014. However, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. Furthermore, progress report dated March 26, 2014 state that Vicodin, which has the same generic name with Norco, makes her nauseous. There was also no documentation of aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 60 Tablets of Norco 5/325mg is not medically necessary.

**60 Capsules of Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton

pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, the patient has been using omeprazole as early as March 2014. The medical records reviewed do not provide any evidence that the patient has a history consistent with a gastrointestinal disorder, a history of peptic ulcer disease, concurrent use of corticosteroids and/or anticoagulants, and use of high dose NSAIDs. Therefore, the request for 60 Capsules of Omeprazole 20mg is not medically necessary.