

<b>Case Number:</b>	CM14-0129288		
<b>Date Assigned:</b>	08/18/2014	<b>Date of Injury:</b>	06/03/2000
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 64 years old male with an injury date on 06/03/2000. According to this report, the patient complains of lower back pain, left knee, and left ankle pain. Physical exam reveals spasm over the lumbar area. Tenderness noted at the lumbar paraspinal region. Range of motion of the lumbar spine is slightly decreased. Exam of the left knee reveals muscle atrophy of the left quadriceps and tenderness at the left medial and lateral joint line. Mc Murray's test and Apley's test are positive. Exam of the left ankle indicates positive Valgus and Vargus stress instability. Tenderness is noted at the anterior joint line of the ankle and at the left lateral melleolus. There were no other significant findings noted on this report. The utilization review denied the request on 07/15/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/03/2014 to 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nexium 20mg # 60 (retro): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-70.

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

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with lower back pain, left knee, and left ankle pain. The treater is requesting Nexium 20mg #60 (retro) for "heartburn." Nexium was first mentioned in this report; however, Omeprazole was first noted in the 02/03/2014 report. The MTUS Guidelines state Nexium is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of the reports show the patient has gastrointestinal side effects with medication use. The patient is currently taking NSAID for pain and inflammation. However, there is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request is not medically necessary.

**Norco 10/325mg #60 (retro):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain,Pain Assessment (MTUS ,CRITERIA FOR USE OF OPIOIDS (MTUS ,Opioid fo.

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with lower back pain, left knee, and left ankle pain. The treater is requesting Norco 10/325mg #60 (retro). Norco was first mentioned in the 02/03/14 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports show documentation of pain assessment using a numerical scale describing the patient's pain and function. No outcome measures are provided. No specific ADL's, return to work are discussed. There are no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. The request is not medically necessary.

**Soma 350mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. MTUS,Muscle relaxants (for pain) Page(s): 64,63.

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with lower back pain, left knee, and left ankle pain. The treater is requesting Soma 350mg #60. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. However, the treater is requesting Soma #60; Soma is not recommended for long term use. The treater does not mention that this is for a short-term use. The request is not medically necessary.

**Celebrex 200mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Medications for chronic pain (MTUS ,Anti-inflammatory medications,NSAIDs (non-steroidal.

**Decision rationale:** According to the 06/26/2014 report by [REDACTED] this patient presents with lower back pain, left knee, and left ankle pain. The treater is requesting Celebrex 200mg #60. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, "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." Celebrex was first noted in the 02/03/2014 report; it is unknown exactly when the patient initially started taking this medication. There were no discussions on functional improvement and the effect of pain relief as required by the guidelines. MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. In this case, there is no mention of how this medication has been helpful in any way. The request is not medically necessary.