

<b>Case Number:</b>	CM14-0136446		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/30/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Emergency Medicine, and is licensed to practice in Texas. 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 injured worker is a 53-year-old male who reported an injury on 07/30/2012. The mechanism of injury was not noted within the review. His diagnoses were noted to be herniated nucleus pulposus at L4-5 level with bilateral nerve root compression. Prior treatment was noted to be medications. He was noted to have diagnostic image studies. His surgical history includes an appendectomy. A clinical evaluation on 02/10/2014, finds the injured worker with subjective complaints of cervical and lumbar spine pain. The physical examination of the cervical spine revealed restricted range of motion. There was pain across the paracervical left trapezial region. There was radicular pain that radiated to the left upper extremity. The physical examination of the lumbosacral spine revealed pain across the low back. There was a radicular pain to the left lower extremity. Straight leg raising was negative on the right and positive on the left across the S1 distribution. The treatment plan was for an MRI and pain management. The rationale was within the review. A Request for Authorization form was provided and dated 02/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. In addition, the provider's request does not indicate a dose frequency or a quantity requested. Therefore, the request for ibuprofen 800 mg is not medically necessary.

**Norco 7/325mg:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects and aberrant drug taking 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. The clinical documentation should include pain relief, functional status, appropriate medication use and side effects. The documentation submitted for this review on 02/10/2014, fails to provide an adequate pain assessment. The pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. In addition to an inadequate pain assessment, the provider failed to indicate a dose frequency and a requested quantity. Therefore, the request for Norco 7/325 is not medically necessary.

**Omeprazole 20mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate proton pump inhibitors for those at risk or with intermediate or high risk for gastrointestinal events. The criteria for proton pump inhibitor use with NSAID therapy includes being greater than 65 years of age; a history peptic ulcer, GI bleeding or perforation; use of aspirin, corticosteroids and/or an anticoagulant; or high dose/multiple NSAID use. The documentation

provided for review dated 02/10/2014 does not indicate the injured worker with an intermediate or high risk for gastrointestinal events. There is no efficacy noted with prior use. In addition, the provider failed to indicate a dosage frequency and a requested quantity. Therefore, the request for omeprazole 20 mg is not medically necessary.