

<b>Case Number:</b>	CM14-0162907		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 54 years old male with an injury date on 03/28/2002. Based on the 09/05/2014 Doctor's first report provided by [REDACTED] the diagnoses are: 1. History of fibular fracture right lower extremity with right ankle sprain/strain with chronic ankle pain.2. History of right knee sprain/strain with DJD in the ankle and knee joint with chronic knee pain.3. History of lumbar disc herniation at L4-L5 with impingement of the right L5 nerve root with chronic right radicular pain with neuropathic pain right lower extremity.4. Nonindustrial medical problems including hyperlipidemia, hypertension, obesity. According to this report, the patient complains of constant low back pain that radiates down the right leg. The patient is using a cane for ambulation. "He rates his pain a 9/10 today with medication" and a 4/10 for average pain. The patient "reports 50% reduction in his pain, 50% functional improvement with activities of daily living with medication versus not taking them at all." The patient's current medications are Simvastatin, Flexeril, Naprosyn, Neurontin, Omeprazole, Norco, and Effexor; the patient "found all of the medications helpful in keeping him functional." The 02/04/2014 report indicates "pain severity is 7-8 out of 10, strong in the back and left knee. "The patient had LESI with some temporary relief and left knee arthroscopy in the past. There were no other significant findings noted on this report. The utilization review denied the request on 09/19/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/16/2013 to 10/01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Omeprazole 20mg, #30: Upheld**

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

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

**Decision rationale:** According to the 09/05/2014 report by [REDACTED] this patient presents with constant low back pain that radiates down his right leg. The treating physician is requesting Omeprazole 20 mg #30. Omeprazole was first mentioned in the 01/16/2013 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Omeprazole 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 that the patient is taking Naprosyn and has no gastrointestinal side effects with medication use. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treating physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. The request is not medically necessary.

**(1) Prescription of Flexeril 10mg, #45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** According to the 09/05/2014 report by [REDACTED] this patient presents with constant low back pain that radiates down his right leg. The treating physician is requesting Flexeril 10 mg #45. 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 (low back pain). 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. Review of reports show no mentions of Flexeril and it is unknown exactly when the patient initially started taking this medication. However, the treating physician is requesting Flexeril #45; Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, the request is not medically necessary.

**(1) Prescription of Norco 10/325mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria for Use of Opioids Page(s): 60,61; 88, 89; 76-78.

**Decision rationale:** According to the 09/05/2014 report by [REDACTED] this patient presents with constant low back pain that radiates down his right leg. The treating physician is requesting Norco 10/325mg #90. 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 4A's (analgesia, ADLs (activities of daily living), adverse side effects, and aberrant 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. Norco was first mentioned in the 01/16/2013 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is 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.