

<b>Case Number:</b>	CM14-0172842		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/03/2007
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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:

Patient is a 41-year-old male with date of injury 11/03/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/10/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed flexion was 80 degrees and the movement was somewhat slow and stiff. Extension was 15 degrees; lateral bending to the right and left was 75% of normal. No other physical examination findings were documented in the PR-2 supplied for review. Diagnosis: 1. Chronic low back pain secondary to L4-5 and L5-S1 dorsal disc bulging with annular fissure and mild L5-S1 spinal stenosis, status post-surgical intervention, 02/15/2013 2. Anxiety/depression. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Omeprazole 20mg, #30 SIG: 1 tab every day. 2. Lactulose 10mg/15mg (480ml) SIG: 2 teaspoons every day. 3. Ibuprofen 800mg, #30 SIG: 1 tab every day. 4. Carisopodrol 350mg, #120 SIG: 1 tab four times per day. 5. Gabapentin 600mg, #120 SIG: 1 tab four times per day. 6. Cymbalta 60mg, #30 SIG: 1 tab. 7. Norco 10-325mg, #180 SIG: 6 tablets every day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 Tab Qd #30, 11 Refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg 1 Tab Every day #30, 11 Refills is not medically necessary.

**Lactulose 10mg/15ml (480ml) 2 Teaspoons Qd 1 Bottle, 11 Refills:** 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 Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use; however, the patient has been prescribed an excessive amount of refills. Lactulose 10mg/15ml (480ml) 2 Teaspoons Every day 1 Bottle, 11 Refills is not medically necessary.

**Ibuprofen 800mg 1 Tab Qd #30, 11 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been prescribed an excessive amount of ibuprofen. Ibuprofen 800mg 1 Tab Every day #30, 11 Refills is not medically necessary.

**Carisopodrol 350mg 1 Tab Qid #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma (Carisoprodol).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

**Decision rationale:** The MTUS states that carisoprodol is not recommended and is not indicated for long-term use. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. There was a 300% increase in numbers of emergency room episodes related to carisoprodol from 1994 to 2005. There is little research in terms of weaning of high dose carisoprodol and there is no standard treatment regimen for patients with known dependence. Carisopodrol 350mg 1 Tab Four times per day #120 is not medically necessary.

**Gabapentin 600mg 1 Tab Qid #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19.

**Decision rationale:** The MTUS states that gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. An adequate trial period for gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. With each office visit the patient should be asked if there has been a change in the patient's pain symptoms, with the recommended change being at least 30%. There is no documentation of any functional improvement. Gabapentin 600mg 1 Tab Four times per day #120 is not medically necessary.

**Cymbalta 60mg 1 Tab #30: Overturned**

**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 Page(s): 14, 105.

**Decision rationale:** Recommended as an option in depressed patients for non-neuropathic pain, but effectiveness is limited. The patient's diagnosis of depression is well documented in the medical record and is apparently an accepted part of the claim. I am reversing the prior utilization review decision. Cymbalta 60mg 1 Tab #30 is medically necessary.

**Norco 10-325mg, 6 Tablets Qd #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Norco 10-325mg, 6 Tablets Qd #180 is not medically necessary. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little functional improvement over the course of at least 6 months. Norco 10-325mg, 6 Tablets Every day #180 is not medically necessary.