

<b>Case Number:</b>	CM14-0175041		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	04/22/2002
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Pain Management 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 62-year-old male with a date of injury of 04/22/2002. The listed diagnoses per [REDACTED] are: 1. L3-L4 HNP, DDD with HNP, L2/L3. 2. Lumbar instability, status post L2-L4 XLIF (12/08/2009). Multilevel spondylosis. 3. CPS. According to progress report 10/08/2014, the patient presents with continued low back pain and numbness in the left foot. His pain is about the same and is tolerable with medications. He rates his pain 5/10 with medications and 8/10 without medications. With medications, he is able to perform his home exercises and perform ADLs. Treater states that a mandatory urine drug screen will be provided to minimize the potential for abuse. The patient has not returned to work yet. Examination revealed normal bilateral lower extremity sensory except numbness in the S1 dermatome on the front. SLR is equivocal. Lumbar spine range of motion is decreased by 20%. Treater is requesting refill of medication, Norco 10/325 mg #180 and Prilosec 20 mg #60. Utilization review denied the request on 10/16/2014. Treatment reports from 12/16/2013 through 10/08/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 78,88,89.

**Decision rationale:** This patient presents with continued low back pain and numbness into the left foot. The treater is requesting a refill of Norco 10/325 #180. The MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. Review of the medical file indicates the patient has been prescribed this medication since at least 12/16/2013. The treater notes a decrease in pain utilizing a pain scale and continually notes that the patient is "about the same and is tolerable with medications." There is no discussion of specific functional improvement, changes in ADLs or quality of life changes with taking this medication. The treater administers frequent urine drug screens to minimize potential for abuse and diversion of controlled substances but possible adverse side effects are not discussed. In this case, given the lack of sufficient documentation for Opioid management, the request for Norco is not medically necessary or appropriate.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter); FDA (Omeprazole)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

**Decision rationale:** This patient presents with continued with low back pain with numbness into the left foot. The treater is requesting a refill of Prilosec 20 mg #60. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or Corticosteroid and/or Anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates that the patient is taking Norco, Prilosec, and Fexmid. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The request for Prilosec is not medically necessary.