

<b>Case Number:</b>	CM14-0094424		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/17/2006
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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:

The injured worker is a 59-year-old male who has submitted a claim for status post TLIF at L5-S1 and PSF at L3-L5 (06/05/2013), status post anterior lumbar fusion L5-S1 with partial corpectomy, strut replacement (10/24/2013), L3-4 stenosis, L3 through S1 facet arthropathy, possible discitis/osteomyelitis L5-S1, bilateral lumbar radiculopathy, and bilateral wrist pain secondary to use of cane associated with an industrial injury date of 10/17/2006. Medical records from 12/04/2013 to 07/11/2014 were reviewed and showed that patient complained of low back pain graded 7/10 radiating down bilateral lower extremities. Physical examination revealed a well-healed incision, tenderness over the lumbar paravertebral muscles bilaterally and sacroiliac joint (left greater than right), decreased lumbar ROM, decreased right hip flexor strength, decreased sensation over the left L5 and S1 dermatomal distribution, and negative SLR test bilaterally. Lumbar spine MRI dated 09/19/2013 revealed change in vertebral body of L5 and S1 and erosions of L5 vertebral body with possible early osteomyelitis. Lumbar CT scan dated 10/18/2013 revealed L5-S1 discitis/osteomyelitis with grade I to II anterolisthesis, extensive lucency about the transpedicular screws of S1, severe bilateral L5-S1 foraminal narrowing due to anterolisthesis and loss of disc height, laminectomy from L3-4 disc space to the S1 level and erosions of the L5 vertebral body consistent with early osteomyelitis. Of note, there was no subjective complaint of gastrointestinal disturbance. Treatment to date has included TLIF at L5-S1 and PSF at L3-L5 (06/05/2013), anterior lumbar fusion L5-S1 with partial corpectomy, strut replacement (10/24/2013), postoperative physical therapy, Anaprox 550mg (prescribed since 12/04/2013), Protonix 20mg tablet (prescribed since 12/04/2013, Norco 10/325mg (prescribed since 01/15/2014), Tramadol, Lyrica, and Restoril. There was no documentation of functional outcome from physical therapy and medications. Utilization review dated 05/16/2014 denied the request for Protonix 60mg #60 because there was no documentation that the patient was at risk

for gastrointestinal events. Utilization review dated 05/16/2014 denied the request for Anaprox 550mg #60 because there was no evidence of functional improvement with this medication. Utilization review dated 05/16/2014 denied the request for Norco 10/325mg #120 because there was no evidence of pain relief and functional improvement from the use of Norco. Utilization review dated 05/16/2014 denied the request x-rays of the lumbar spine to include AP, lateral, flexion, and extension views because there was no documentation of failure with conservative management.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **X-Ray of the Lumbar Spine to Include AP, Lateral, Flexion and Extension Views: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Radiography (x-rays).

**Decision rationale:** The CA MTUS ACOEM states that lumbar spine X-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. In addition, according to ODG, indications for x-rays include lumbar spine trauma; uncomplicated low back pain due to trauma, steroids, osteoporosis, age > 70; myelopathy that is traumatic, painful, sudden in onset; or post-surgery, to evaluate the status of fusion. In this case, a request for x-ray was made due to increasing low back pain. However, there was absence of red flags for serious spinal pathology. There was no documentation of trauma, osteoporosis, or sudden myelopathy to support lumbar x-ray. There is no clear indication of lumbar x-ray at this time. Therefore, the request for X-Ray of the Lumbar Spine to include AP, Lateral, Flexion and Extension Views is not medically necessary.

#### **Norco 10/325mg #120: Upheld**

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

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

**Decision rationale:** According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg since

01/15/2014. There was no documentation of pain relief or functional improvement to support the continuation of opiates use. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

**Anaprox 550mg #60:** Upheld

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

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

**Decision rationale:** According to CA MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed Anaprox 20 mg since 12/04/2013. There was no documentation of pain relief from Anaprox. Moreover, the long-term use of Anaprox is not in conjunction with guidelines recommendation. Therefore, the request for Anaprox 550mg #60 is not medically necessary.

**Protonix 60mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** As stated on page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Protonix 20mg since 12/04/2013. However, there was no documentation of intolerance to oral medications or gastrointestinal disturbance. Furthermore, the patient does not meet the criteria for those at risk for gastrointestinal events. Therefore, the request for Protonix 60mg #60 is not medically necessary.