

<b>Case Number:</b>	CM14-0096023		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/10/1999
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2014

### 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 Internal 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 57 year old male who had a work related injury on 05/10/99. Mechanism of injury was not documented. Most recent clinical documentation submitted for review was dated 03/03/14. The injured worker underwent two back surgeries a fusion and laminectomy, dates unknown and had lumbar spine epidural steroid injections with only one or two weeks of pain relief. The injured worker tried spinal cord stimulator which did not work. On the date of 03/03/14 the injured worker was doing well with the current regimen. Medication was helping to mitigate the pain and there were no side effects from the medication helped he patient to function better. There things were stable with the medication. The injured worker recently had knee surgery and was recovering from that. Physical examination normally developed, oriented to time, person place. Normal attention span and concentration. The injured worker was reserved but made good eye contact and answered questions directly. Gait and station was slow and right antalgic. Able to toe and heel stand, able to balance on either leg. Active range of motion of lumbar spine was forward flexion to 60 degrees, extension to 15 degrees complaints of more pain in forward flexion. Scars were noted. Facet stress test was positive. Sensation was diminished in the right non-dermatomal. An obtained deep tendon reflexes were unobtainable at the knees bilateral ankles symmetric. Straight leg raise negative. Diagnosis lumbar spine degenerative disc disease, lumbar spine radiculitis. Prior utilization review on 06/16/14 was non-certified. In the review of clinical record submitted there was no clinical documentation that suggested the injured worker had gastrointestinal problem or at risk of developing GI problem. Also there were no visual analog scale scores with and without medication. There were no documentation of functional benefit beyond these medications and there was no urine drug screen submitted.

## 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 Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids  
Page(s): 74-80.

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. As such medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. The request is therefore not medically necessary.

**Lansoprazole Oral Capsule delayed release 30mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors (PPIs) are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug (NSAID) use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.