MAXIMUS Federal Services

| Case Number: | CM14-0167323 | | |
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| Date Assigned: | 10/14/2014 | Date of Injury: | 09/04/2013 |
| Decision Date: | 05/13/2015 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 10/10/2014 |

## 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

## 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 43-year-old male who reported an injury on 09/04/2013. The mechanism of injury was a fall off a conveyor belt, as well as a fall off of rollers. The patient's diagnoses include cervical spine sprain/strain, lumbar spine disc disease, lumbar spine radiculopathy, right sacroiliac joint arthropathy, and post annular tear at the L5-S1 per MRI. The past treatments include physical therapy, chiropractic treatments, epidural steroid injections, and medications. There is no surgical history provided. The medical evaluation from 12/15/2014 notes the injured worker stated that his low back pain is constant from L4 to the sacrum and greatest in the midline at the L5-S1, as well as in the right sacroiliac joint. Bending and stooping increases low back pain. Lifting, carrying, pushing, and pulling will cause severe low back pain. The injured worker stated that he has 6/10 pain in the right buttock and posterior thigh to the mid calf. There is no radiating pain to the left lower extremity. The injured worker notes that a couple of times a week there is numbness in the right buttock, posterior thigh, and calf. He states that his average pain is 7/10 and his worst pain is 9/10. The physical exam notes there was palpation tenderness from the L2 to the sacrum. There was tightness in the lumbar paravertebral muscles at the L5-S1 bilaterally. There was also tenderness to palpation at the sacroiliac joints on the right side more than the left. The range of motion notes the injured worker had flexion to just below the knees and extension of 8 degrees. There was lateral bending range of motion of 15 degrees on the right and 10 on the left and lateral rotation of 40 degrees on the right and 40 degrees on the left. There was an absent patellar reflex on the right and a minimal patellar reflex on the left. The sensations were intact in the lower extremities. Muscle power testing in the right is 5/5 in

extension and 4/5 in flexion. The injured worker had a positive straight leg raise on the right with supine 70 degrees and the pain is on the right side of the lower back. The injured worker had an MRI of the lumbar spine in 11/2013 that revealed at L5-S1, a 5.7 mm central disc protrusion with possible annular tear at the L5-S1. On 01/30/2014, the electrodiagnostic studies of the back and lower extremities were obtained. The nerve conduction studies were normal and the EMG was abnormal and suggested bilateral chronic active L5-S1 radiculopathy with right more than left. The evaluation report from 09/18/2014 notes that the injured worker's medications include Norco. The treatment plan was for the patient to undergo a left discogram.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30 DOS: 6/26/14:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton pump inhibitors.

**Decision rationale:** The injured worker had low back pain that is rated at 6/10 with the average pain being 7/10 and the worst pain being 9/10. The pain was constant and is in the right buttocks and posterior thigh to the mild calf. A couple of times a week, there is numbness in the right buttock and posterior thigh and calf. There was tenderness to palpation from the L2 to the sacrum. There was tightness in the lumbar paravertebral muscles at the L5-S1 bilaterally. There was also tenderness in the sacroiliac joints on the right side more than left. The injured worker had a decreased range of motion in the back that is flexion to just below the knees and extension to 8 degrees with lateral bending on the right of 15 degrees and left 10 degrees, and lateral rotation on the right 40 degrees and the left 40 degrees. The injured worker stated that the pain in the right lower extremity has gotten worse since he was last seen. The Official Disability Guidelines recommend the use of proton pump inhibitors for patients that are at risk for gastrointestinal events. The use of proton pump inhibitors should be limited to the recognized indications and be used at the lowest dose for the shortest amount of time. There is no documentation that the injured worker had any gastrointestinal complaints that would require the need of a proton pump inhibitor. Therefore, the request for omeprazole 20 mg #30 is not medically necessary.

**Naproxen 550mg #60 DOS: 06/26/14:** Upheld

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

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

**Decision rationale:** The injured worker had low back pain that is rated at 6/10 with the average pain being 7/10 and the worst pain being 9/10. The pain is constant and is in the right buttocks and posterior thigh to the mild calf. A couple of times a week, there is numbness in the right buttock and posterior thigh and calf. There was tenderness to palpation from the L2 to the sacrum. There was tightness in the lumbar paravertebral muscles at the L5-S1 bilaterally. There was also tenderness in the sacroiliac joints on the right side more than left. The injured worker had a decreased range of motion in the back that is flexion to just below the knees and extension to 8 degrees with lateral bending on the right of 15 degrees and left 10 degrees, and lateral rotation on the right 40 degrees and the left 40 degrees. The injured worker stated that the pain in the right lower extremity had gotten worse since he was last seen. The California Medical Treatment Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time in patients with moderate to severe pain. There was no documentation provided of the patient's medications that he is currently taking. The guidelines state that there is no evidence to recommend 1 drug in a class over another. There was no documentation that this is used for a short term period. There is no documentation of any objective functional benefit with prior medication use. Therefore, the request for naproxen 550 mg #60 is not medically necessary.

**Hydrocodone/APAP 10/325mg #60 DOS: 06/26/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, On-going Management Page(s): 78-94.

**Decision rationale:** The injured worker had low back pain that is rated at 6/10 with the average pain being 7/10 and the worst pain being 9/10. The pain was constant and is in the right buttocks and posterior thigh to the mild calf. A couple of times a week, there is numbness in the right buttock and posterior thigh and calf. There was tenderness to palpation from the L2 to the sacrum. There was tightness in the lumbar paravertebral muscles at the L5-S1 bilaterally. There was also tenderness in the sacroiliac joints on the right side more than left. The injured worker had a decreased range of motion in the back that is flexion to just below the knees and extension to 8 degrees with lateral bending on the right of 15 degrees and left 10 degrees, and lateral rotation on the right 40 degrees and the left 40 degrees. The injured worker stated that the pain in the right lower extremity had gotten worse since he was last seen. The California Medical Treatment Guidelines recommend ongoing management of opioids have documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long it takes for pain relief. Opioids should be discontinued if there is no overall improvement in function. The injured worker has had previous urine toxicology screens that have noted no analytes detected. There was no documentation of objective functional benefit with the prior use of this medication and there is no documentation of the patient's attempt to wean or taper the amount of this medication. The injured worker stated that they have constant lower back pain that is on average a 7/10. There is

no documentation of any recent urine toxicology screens. Therefore, the request for hydrocodone/APAP 10/325 mg #120 is not medically necessary.

**Hydrocodone/APAP 10/325mg #120 DOS: 06/26/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78-94.

**Decision rationale:** The injured worker had low back pain that is rated at 6/10 with the average pain being 7/10 and the worst pain being 9/10. The pain was constant and is in the right buttocks and posterior thigh to the mild calf. A couple of times a week, there is numbness in the right buttock and posterior thigh and calf. There was tenderness to palpation from the L2 to the sacrum. There was tightness in the lumbar paravertebral muscles at the L5-S1 bilaterally. There was also tenderness in the sacroiliac joints on the right side more than left. The injured worker had a decreased range of motion in the back that is flexion to just below the knees and extension to 8 degrees with lateral bending on the right of 15 degrees and left 10 degrees, and lateral rotation on the right 40 degrees and the left 40 degrees. The injured worker stated that the pain in the right lower extremity had gotten worse since he was last seen. The California Medical Treatment Guidelines recommend ongoing management of opioids have documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long it takes for pain relief. Opioids should be discontinued if there is no overall improvement in function. The injured worker has had previous urine toxicology screens that have noted no analytes detected. There was no documentation of objective functional benefit with the prior use of this medication and there is no documentation of the patient?s attempt to wean or taper the amount of this medication. The injured worker stated that they have constant lower back pain that is on average a 7/10. There is no documentation of any recent urine toxicology screens. Therefore, the request for hydrocodone/APAP 10/325 mg #120 is not medically necessary.