

<b>Case Number:</b>	CM14-0020612		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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: Emergency Medicine

### 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 45 year old male who sustained an industrial injury on 4/6/10 involving the lower back. He currently continues to complain of low back pain radiating down both lower extremities but much more manageable since spinal cord stimulator was implanted (7/13/). His current pain intensity is 6/10. He was able to decrease the amount of Norco needed for pain control. Medications include Anaprox, Norco, Fexmid, dendracin topical analgesic cream which help him to function, Prilosec, Lidoderm patch. Diagnoses include Status post L3-4, L5-S1 posterior lateral inter-body fusion (7/11/12); bilateral lower extremity radiculopathy; medication induced gastritis; status post urinary tract infection with pyelonephritis, secondary to opiate induced urinary tension; lumbar St Jude spinal cord stimulator implant (7/11/13). Treatments to date include implanted spinal cord stimulator that offers 50% pain relief, trigger point injections, physical therapy, home stretching, muscle relaxants and narcotics. Diagnostics included abnormal MRI lumbar spine (6/3/10)( 8/3011); electromyography/ nerve conduction study (5/25/10) abnormal; lumbar spine discogram (12/1/11) abnormal. Progress note dated 2/4/14 indicated that the treating provider is refilling all medications and notes that the Norco has been cut back by 60-70% but recently increased slightly due to cold weather. On 2/17/14 Utilization Review non-certified the requests for Anaprox DS 550 mg # 60; Prilosec 20 mg # 60 and Norco 10/325 mg # 120 citing MTUS: Chronic Pain Medical treatment Guidelines: Chronic Pain and Opioids Respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested NORCO 10/325MG, #120, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain radiating down both lower extremities but much more manageable since spinal cord stimulator was implanted. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, NORCO 10/325MG, #120 is not medically necessary.

**ANAPROX DS 550MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68,74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested ANAPROX DS 550MG, #60, is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has low back pain radiating down both lower extremities but much more manageable since spinal cord stimulator was implanted. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, ANAPROX DS 550MG, #60 is not medically necessary.

**PRILOSEC 20MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

**Decision rationale:** The requested PRILOSEC 20MG, #60, is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors, Determine if the patient is at risk for gastrointestinal events: (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 (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has low back pain radiating down both lower extremities but much more manageable since spinal cord stimulator was implanted. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, PRILOSEC 20MG, #60 is not medically necessary.