

<b>Case Number:</b>	CM14-0213795		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	03/08/2010
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55-year-old female who reported an injury on 08/06/2001. The mechanism of injury involved a fall. The current diagnoses include chronic lumbosacral spine sprain, status post L3 disc decompression and multilevel disc pathology. Previous conservative treatment includes medication management, physical therapy and multiple injections. The injured worker presented on 12/05/2014 with complaints of persistent low back pain and stiffness. The injured worker reported worsening of symptoms and activity limitation. The current medication regimen includes docusate sodium 250 mg, Lidoderm 5% patch, Norco 10/325 mg, Nucynta 100 mg, Prilosec 20 mg and Savella 50 mg. Upon examination, there was 4+/5 motor weakness in the right lower extremity, 5-/5 left lower extremities weakness, 1+ bilateral deep tendon reflexes, palpable muscle spasm, diminished range of motion and decreased sensation to light touch in the left lower extremity. Examination also revealed a positive pelvic thrust, positive faber maneuver, positive Gaenslen's maneuver, left SI joint pain, positive stork, myofascial pain with triggering and pain with rotational extension indicative of facet capsular tears. Recommendations at that time included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg qd Qty: 150.00.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically appropriate.

**Nucynra 100mg BID Qty: 60.00.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The Official Disability Guidelines recommend Nucynta as a second line option for patients who develop intolerable adverse effects with first line opioids. There was no mention of intolerable adverse effects with first line opioids. The injured worker is currently utilizing Norco 10/325 mg without any documentation of side effects or adverse events. The injured worker has continuously utilized Nucynta 100 mg for an unknown duration. There is no documentation of objective functional improvement. Given the above, the request is not medically appropriate.

**Norco 10/325mg q3hrs Qty: 240.00.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until a patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The injured worker has continuously utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. The

injured worker presented with complaints of worsening symptoms. Given the above, the ongoing use of Norco 10/325 mg would not be supported. As such, the request is not medically appropriate.

**Savella 75mg BID Qty: 300.00.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

**Decision rationale:** California MTUS Guidelines recommend tricyclic antidepressants as a first line agent, unless they are ineffective, poorly tolerated or contraindicated. There is no indication that this injured worker has tried and failed therapy with tricyclic antidepressants prior to the initiation of Savella. The medical necessity has not been established in this case. Therefore, the request is not medically appropriate at this time.

**Lidoderm 5% patch Qty: 300.00.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant. There was no documentation of a failure of first line oral medication. As such, the initiation of Lidoderm 5% patch would not be supported. Given the above, the request is not medically appropriate.