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| <b>Case Number:</b>   | CM14-0218412 |                              |            |
| <b>Date Assigned:</b> | 01/08/2015   | <b>Date of Injury:</b>       | 03/23/2010 |
| <b>Decision Date:</b> | 03/13/2015   | <b>UR Denial Date:</b>       | 12/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/30/2014 |

### 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, Arizona

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:

This is a 46 year old male who sustained a work related injury on 3/23/2010 while getting out of a truck, he experienced low back pain. He was unloading a truck and experienced increased low back pain on the same date. Per the Primary Treating Physician's Follow-up Orthopedic Evaluation dated 11/24/2014 the injured worker reported severe low back pain, bilateral leg pain and thoracic pain. The pain was quantified as 9 out of 10, and pain is described as increased with walking. With medications, pain is improved by 50%. Objective physical examination revealed lumbar spine spasm, and painful and limited range of motion. There is positive straight leg raise bilaterally. Low back still has decreased range of motion and he ambulates with a cane. Diagnoses include multilevel disc degenerative disease, Facet hypertrophy, at levels L3-L5, low back strain with S1 radiculopathy and HNP T11-12, 5mm with severe left sided dural compression. He reports a history of low back strain caused by lifting a paraplegic in 1981, following which he required 6 months of therapy. He reports full recovery. The plan of care includes medication refills, continuation of home exercise program, muscle relaxants, follow-up care and acupuncture. He has had several epidural steroid injections. Work Status is not documented. On 12/17/2014, Utilization Review non-certified prescriptions for Colace 250mg #60 and Prilosec 20mg #60 and modified a prescription for Norco 10/325mg #180 based on lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited. A Request for Authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 capsules of Colace 150mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid-induced constipation treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

**Decision rationale:** The request for 60 capsules of Colace 150 mg is not medically necessary. According to the California MTUS Guidelines, patients undergoing opioid therapy should be prophylactically treated for constipation. The injured worker was indicated to have been on opioids for an unspecified duration and time. As constipation is indicated as a side effect for opioid use, the request for Colace would be supported by the evidence based guidelines. However, the concurrent request for Norco was not supported. As such, the request is not medically necessary.

**180 tablets of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, dosing.

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

**Decision rationale:** The request for 180 tablets of Norco 10/325 mg is not medically necessary. According to the California MTUS Guidelines, patients on opioids should have documented ongoing review and reassessment to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. In addition, there should also be a current urine drug screen provided for review as evidence of monitoring. The injured worker was indicated to have been on Norco for an unspecified duration of time. However, the documentation indicated the injured worker had 50% pain improvement with medications. However, there was a lack of documentation to indicate the injured worker had side effects, had objective functional improvement, was being monitored for side effects or the occurrence of any potentially aberrant drug related behaviors. In the absence of the above, the request is not supported by the evidence based guidelines. A weaning schedule would be recommended for patients on opioid treatments. As such, the request is not medically necessary.

**60 capsules of Prilosec 20mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors

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

**Decision rationale:** The request for 60 capsules of Prilosec 20 mg is not medically necessary. According to the California MTUS Guidelines, patients under proton pump inhibitor regimens should be assessed for GI events to include being over the age of 65, history of peptic ulcer, and GI bleeding or perforation, concurrent use of an NSAID, corticosteroids, and/or anticoagulants, or the use of a high dose/multiple NSAIDs. In addition, the guidelines indicate proton pump inhibitors are used in the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on Prilosec for an unspecified duration of time. However, there was a lack of documentation to indicate the injured worker was assessed for GI risk factors. There was also a lack of documentation to indicate the injured worker was being treated for dyspepsia secondary to NSAID therapy. In the absence of the above, the request is not medically necessary.