

<b>Case Number:</b>	CM15-0013223		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	02/18/1988
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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 53 year old female, who sustained an industrial injury on 2/18/1988. The diagnoses have included lumbar post-laminectomy syndrome with residual bilateral lower extremity radiculopathy. Treatment to date has included aqua therapy and medications. According to the Primary Treating Physician's Progress Report from 12/23/2014, the injured worker complained of ongoing pain in the lower back radiating down to both lower extremities. She was able to manage her pain on current oral analgesic medications as well as the use of her lumbar spinal cord stimulator (SCS). Norco provided about 30% to 40% pain relief lasting three to four hours. Objective findings revealed the injured worker to be in mild to moderate distress. There were significant muscle spasms on the left with a trigger point noted. Exam of the posterior lumbar musculature revealed tenderness to palpation bilaterally. It was noted that the injured worker had been able to cut back on her opiate pain medication from Oxycontin 40mg three times a day to 10mg tablets occasionally. A progress note dated 10/28/2014 noted a urine drug screen to be consistent. Authorization was requested for Prilosec 20mg and Norco 10.325mg. On 1/8/2015, Utilization Review (UR) non-certified a request for 60 Capsules of Prilosec 20mg and 240 Tablets of Norco 10/325mg, citing Medical Treatment Utilization Schedule (MTUS) Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68,78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chr.

**Decision rationale:** The requested 60 Capsules of Prilosec 20mg, is not medically necessary. California's Division of Worker's 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 ongoing pain in the lower back radiating down to both lower extremities. The treating physician has documented significant muscle spasms on the left with a trigger point noted. Exam of the posterior lumbar musculature revealed tenderness to palpation bilaterally. The treating physician has not documented medication-induced GI complaints nor GI risk factors nor functional improvement from its use. The criteria noted above not having been met, 60 Capsules of Prilosec 20mg is not medically necessary.

**240 Tablets Of Norco 10mg/325mg: 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

**Decision rationale:** The requested 240 Tablets Of Norco 10mg/325mg, 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 ongoing pain in the lower back radiating down to both lower extremities. The treating physician has documented significant muscle spasms on the left with a trigger point noted. Exam of the posterior lumbar musculature revealed tenderness to palpation bilaterally. 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. The criteria noted above not having been met, 240 Tablets Of Norco 10mg/325mg is not medically necessary.