

<b>Case Number:</b>	CM15-0121740		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	07/19/2005
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old male who sustained an industrial injury on 07/19/2005. The injured worker was diagnosed with lumbosacral neuritis/radiculitis. There was no history of invasive surgical interventions to the lumbar spine. Treatment to date has included diagnostic testing, recent bilateral L5 transforaminal epidural steroid injection on April 3, 2015, physical therapy, exercise program and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker continues to experience bilateral low back pain radiating into the buttock to the feet. Examination of the lumbar spine demonstrated tenderness to palpation over the lower lumbar facet joints, paraspinal muscles and myofascial trigger points. Positive bilateral facet maneuvers at L4-5 and L5-S1 and straight leg raise slightly positive on the right only were noted. Motor strength, deep tendon reflexes and gait were within normal limits. Sensory examination revealed a slight decrease in the lateral right leg. No radicular symptoms were manifested. Current medications are listed as Norco 10/325mg, Naproxen, Gabapentin and Prilosec. Treatment plan consists of continuing with spinal rehabilitation exercise program, increase aerobic exercising, continue medication regimen, consider repeat transforaminal epidural steroid injection and the current request for Norco, Naproxen and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg BID: 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): 60 and 67 of 127.

**Decision rationale:** This claimant was injured in 2005, now about 10 years ago. The diagnosis was lumbosacral neuritis/radiculitis. There was no history of invasive surgery. Treatment to date has included diagnostic testing, recent bilateral L5 transforaminal epidural steroid injection on April 3, 2015, physical therapy, exercise program and medications. As of May 2015, there is still subjective bilateral low back pain radiating into the buttock to the feet. Sensory examination revealed a slight decrease in the lateral right leg. No radicular symptoms were manifested. The request is to continue a prescription NSAID. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.

**Prilosec 20mg: 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): 68 of 127.

**Decision rationale:** As shared, this claimant was injured in 2005, now about 10 years ago. The diagnosis was lumbosacral neuritis/radiculitis. There was no history of invasive surgical interventions to the lumbar spine. Treatment to date has included diagnostic testing, recent bilateral L5 transforaminal epidural steroid injection on April 3, 2015, physical therapy, exercise program and medications. As of May 2015, there is still subjective bilateral low back pain radiating into the buttock to the feet. Sensory examination revealed a slight decrease in the lateral right leg. No radicular symptoms were manifested. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. Also,

the accompanying request for Naprosyn was noncertified, so a proton pump inhibitor would be unnecessary from that perspective as well. The request is not medically necessary based on MTUS guideline review.

**Norco 10/325mg #120:** 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): 79, 80 and 88 of 127.

**Decision rationale:** As iterated previously, this claimant was injured in 2005, now about 10 years ago. The diagnosis was lumbosacral neuritis/radiculitis. There was no history of invasive surgical interventions to the lumbar spine. Treatment to date has included diagnostic testing, recent bilateral L5 transforaminal epidural steroid injection on April 3, 2015, physical therapy, exercise program and medications. As of May 2015, there is still subjective bilateral low back pain radiating into the buttock to the feet. Sensory examination revealed a slight decrease in the lateral right leg. No radicular symptoms were manifested. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.