

<b>Case Number:</b>	CM15-0127750		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: 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:

This 38 year old male sustained an industrial injury to the low back on 1/25/13. Previous treatment included epidural steroid injections and medications. Electromyography bilateral lower extremities (8/2014) showed bilateral S1 radiculitis. X-ray of thoracic lumbar junction (4/19/13) showed compression deformity of the L2 vertebral body with mild facet arthropathy from L4-S1. In a PR-2 dated 1/27/15, the injured worker complained of pain 7/10 on the visual analog scale without medications and 5/10 with medications. Current medications included Norco, Flexeril, Naproxen Sodium, Effexor ER, Omeprazole and Tramadol. In a PR-2 dated 6/11/15, the injured worker complained of low back pain with radiation to the right upper thigh and bilateral calves, rated 7/10 without medications and 3/10 with medications. Physical exam was remarkable for lumbar spine with tenderness to palpation to the sacroiliac joints and paraspinal musculature, increased pain upon flexion, 5/5 lower extremity muscle strength with intact sensation and positive bilateral straight leg raise. Current diagnoses included lumbar compression fracture, myalgia, lumbar spine sprain/strain, lumbar spine radicular pain, lumbar facet joint pain, lumbar degenerative disc disease, lumbar discogenic pain syndrome, chronic pain syndrome and low back pain. The physician noted that the injured worker had tried and failed epidural steroid injections. Prescription medications were the most effective at relieving the injured worker's pain and increasing function. The treatment plan included proceeding cognitive behavioral therapy and refilling medications (Norco, Flexeril, Naproxen Sodium, Omeprazole and Effexor XR).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg, #90 (prescribed 06/11/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. Additionally, this medication was denied in a previous utilization review and recommended for weaning. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg, #90 (prescribed 06/11/2015) is not medically necessary.

**Prilosec 20mg, #60 (Dispensed 06/11/2015): 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) Online Version, PPIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. The request for Prilosec 20mg, #60 (Dispensed 06/11/2015) is not medically necessary.