

<b>Case Number:</b>	CM15-0149086		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	05/01/2007
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 1, 2007. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for Avinza, Norco, and Prilosec. The claims administrator referenced a June 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said June 12, 2015 office visit, the applicant reported persistent low back, hip, and lower extremity pain, collectively rated at 9½/10. The treating provider stated that walking remained problematic. The treating provider then stated, somewhat incongruously, that the applicant was doing fairly well on the current medication regimen. The applicant was using a cane to move about. Avinza, Norco, and Prilosec were endorsed. The applicant had developed depression secondary to chronic low back pain status post earlier failed lumbar spine surgery, it was reported. The applicant's GI review of systems was negative. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia in the body of the note or in the review of systems section of the same, though the attending provider contended at the bottom of the report that the applicant was using Prilosec to ameliorate issues with reflux associated with medication consumption. The applicant was given a rather proscriptive 20-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. No seeming discussion of medication efficacy transpired insofar as Prilosec was concerned. On July 17, 2015, the same, unchanged, rather proscriptive 20-pound lifting limitation was renewed. Once again, the applicant's GI review of systems was normal. Avinza, Norco, Lyrica, Klonopin, and Motrin were endorsed. 9/10 pain complaints were reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** No, the request for Avinza, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on the June 12, 2015 office visit at issue. It did not appear that the applicant was working with a rather proscriptive 20-pound lifting limitation, however. The applicant reported pain complaints as high as 9/10. Activities as basic as standing and walking remained problematic, it was reported. The applicant was using a cane to move about, the treating provider acknowledged on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit with ongoing Avinza usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** Similarly, the request for Norco, a short-acting opioid, is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, it did not appear that the applicant was working with a rather proscriptive 20-pound lifting limitation in place on the June 12, 2015 office visit at issue. Activities as basic as standing and walking remained problematic, the treating provider reported on that date. The applicant was using a cane to move about, it was acknowledged. It did not appear, in short, that the applicant had profited from ongoing Norco usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.

**Omeprazole 40mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Finally, the request for omeprazole (Prilosec), a proton pump inhibitor, is not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, the evidence on file do not establish the presence of ongoing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, either on the June 12, 2015 office visit at issue or on a subsequent note dated July 17, 2015. While the attending provider reported on June 12, 2015 that the applicant had been given omeprazole for reflux, this comment was belied by commentary made in other sections of the June 12, 2015 office visit to the effect that the applicant's GI review of systems was "normal." A subsequent progress note dated July 17, 2015 also stated that the applicant's GI review of systems was "normal." The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider did not clearly state for what issue, diagnosis, and the purpose omeprazole had been employed, nor the attending provider state whether or not ongoing usage of omeprazole had proven effective for whatever purpose it was being used. Therefore, the request is not medically necessary.