

<b>Case Number:</b>	CM15-0173085		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: 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:

The injured worker is a -47year-old male who sustained an industrial injury 1-10-2002. Diagnoses have included discogenic cervical condition, discogenic lumbar condition, and chronic pain syndrome. Documented treatment includes L5-S1 fusion, C5-7 fusion, H-wave, acupuncture, use of a cervical pillow, medication including: Norco for at least 3 years stated in the 6-10-2015 note to be used for "moderate-to-severe pain" with Tramadol used at bedtime in conjunction with Norco, Naproxen for at least one year stated for inflammation, Protonix for "upset stomach," Voltaren, and Gabapentin "for neuropathic pain." There are no recent urine drug screening results, mention of opioid contract or description of medication-related behaviors provided in the current medical records. He also uses a TENS unit while performing home exercise. He is not currently working. The injured worker continues to present with "debilitating" headaches stated on the 5-15-2015 note to prevent him from "doing much outside of the house," neck pain, and constant back pain. Recent pain rating is not provided. The treating physician's plan of care includes 90 counts of Norco, Naproxen and Protonix which were all declined on 8-3-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Norco 10/325 mg qty 90. Documented treatment includes L5-S1 fusion (2003), C5-7 fusion (2008), TENS unit, H-wave, acupuncture, injections, physical therapy, use of a cervical pillow, and medications. The patient may return to modified duty. MTUS, criteria for use of opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 06/10/15, the patient presents with persistent neck pain with numbness and tingling. The provider states that the patient "is approved finally for Norco last month for the first time in almost a year and approved again this month." Treatment plan included refill of Norco for moderate to severe pain, naproxen for inflammation and Protonix for upset stomach. This is a request for refill of medications. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, the provider does not discuss how Norco significantly improves the patient's activities of daily living with specific examples of ADL's. No validated instrument is used to show functional improvement. Furthermore, there is no documentation regarding aberrant drug behavior, a no UDS, CURES or opioid contracts are provided for review. In this case, the provider does not discuss all the 4A's as required by MTUS. Therefore, request is not medically necessary and the patient should be weaned per MTUS.

**Naproxen 550 mg Qty 60:** 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): Anti-inflammatory medications.

**Decision rationale:** The current request is for Naproxen 550 mg qty 60. Documented treatment includes L5-S1 fusion (2003), C5-7 fusion (2008), TENS unit, H-wave, acupuncture, injections, physical therapy, use of a cervical pillow, and medications. The patient may return to modified duty. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the

traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Per report 06/10/15, the patient presents with persistent neck pain with numbness and tingling. The provider states that the patient "is approved finally for Norco last month for the first time in almost a year and approved again this month." Treatment plan included refill of Norco for moderate to severe pain, naproxen for inflammation and Protonix for upset stomach. This is a request for refill of medications. The patient has been prescribed Naproxen since February 2015. Given the patient's continued pain, Naproxen may be considered a treatment option. However, the provider does not provide specific discussion regarding the efficacy of Naproxen in terms of functional improvement or decrease in pain. MTUS guidelines require documentation of analgesia or evidence of functional improvement when medications are used for chronic pain. In this case, no such discussion is provided, therefore the continuation of this medication cannot be supported. The request is not medically necessary.

**Protonix 20 mg Qty 60:** 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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The current request is for Protonix 20 mg qty 60. Documented treatment includes L5-S1 fusion (2003), C5-7 fusion (2008), TENS unit, H-wave, acupuncture, injections, physical therapy, use of a cervical pillow, and medications. The patient may return to modified duty. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 06/10/15, the patient presents with persistent neck pain with numbness and tingling. The provider states that the patient "is approved finally for Norco last month for the first time in almost a year and approved again this month." Treatment plan included refill of Norco for moderate to severe pain, naproxen for inflammation and Protonix for upset stomach. This is a request for refill of medications. The provider continually lists Protonix as a treatment recommendation for "upset stomach." In this case, recommendation for further use cannot be supported as this patient has been using this medication chronically, with no documentation of specific efficacy. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.