

<b>Case Number:</b>	CM15-0177973		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/15/2005
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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 35-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 15, 2005. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for Norco and Prilosec. A June 25, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported multifocal complaints of low back, knee, and groin pain with derivative complaints of depression. The applicant was deemed 100% disabled. Norco and Prilosec were renewed. The attending provider stated that the applicant was using 8 tablets of Norco daily and Prilosec twice daily for GI upset and reflux. It was not stated whether or not ongoing usage was effective. Toward the top of the note, the applicant reported 10/10 pain without medications versus 7/10 with medications. Walking remained problematic, the treating provider acknowledged. On June 25, 2015, Norco, Prilosec, and Cialis were all again renewed. It was stated that Prilosec was being employed for reflux; however, there was no mention of whether ongoing usage of Prilosec was or not beneficial. The applicant had a seizure since the intervening office visit, it was reported. Heightened complaints of low back pain were reported. The attending provider stated that the applicant was 100% disabled, it was reported toward the bottom of the note. The applicant's permanent work restrictions were renewed. The applicant had undergone earlier failed lumbar spine and knee surgeries, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #240:** 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 Norco, a short-acting opioid, was 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 was off of work and deemed 100% disabled, the treating provider reported on June 25, 2015 and on August 4, 2015. While the treating provider recounted a reduction in pain scores from 10/10 without medications to 7/10 with medications on August 4, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the treating provider's reports that the applicant was having difficulty performing activities of daily living as basic as standing and walking on the dates in question. Therefore, the request was not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**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:** Similarly, the request for Prilosec, a proton pump inhibitor, was likewise 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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia or, by implication, the stand-alone dyspepsia reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, progress notes of August 4, 2015 and June 25, 2015 made no mention of whether or not ongoing usage of Prilosec had or had not proven beneficial in attenuating issues with reflux. Therefore, the request was not medically necessary.