

<b>Case Number:</b>	CM15-0065080		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2009. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for Norco and Prilosec. The claims administrator referenced RFA forms of March 17, 2015 and March 15, 2015 in its determination. The applicant's attorney subsequently appealed. On October 2, 2014, the applicant reported reduced pain with medications. The applicant was using Norco, Prilosec, Flexeril, and naproxen, it was stated. The applicant did report lower extremity paresthesias. The attending provider acknowledged that the applicant was having difficulty performing standing and walking tasks and stated that the applicant's ability to perform housework and walking had been somewhat improved as a result of ongoing medication consumption. Wrist pain status post earlier wrist ORIF surgery and carpal tunnel release surgery was reported. The applicant also reported complaints of low back pain. Norco, naproxen, Prilosec, and Flexeril were renewed. The applicant's permanent work restriction was also renewed. Lumbar MRI imaging was endorsed. On March 12, 2015, the treating provider maintained that the applicant had profited from opioid consumption in terms of performance of activities of daily living such as self-care and personal hygiene. The attending provider also stated that Prilosec had effectively attenuated the applicant's symptoms of reflux. In a March 12, 2015 progress note, the applicant reported 8-9/10 pain without medications. The attending provider stated that the applicant's ability to perform household chores and self-care had reportedly been ameliorated as a result of ongoing medication consumption. The applicant was

using Norco thrice daily, Prilosec, Flexeril, and naproxen. Ongoing complaints of wrist and low back pain were noted. The applicant's permanent work restrictions were, once again, renewed. Additional physical therapy was proposed. It did not appear that the applicant was working with previously imposed permanent limitations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 41-42, 64, 78, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**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, the applicant has seemingly failed to return to work following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores affected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene have been ameliorated as a result of ongoing medication consumption and did not, in and of itself, constitute evidence of a meaningful or substantive improvement in function so as to compel ongoing usage of Norco. Therefore, the request was not medically necessary.

**Prilosec 20mg with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 41-42, 64, 78, 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia as was present here. The attending provider stated that the applicant had developed some issues with naproxen-induced dyspepsia which were effectively attenuated following introduction of Prilosec. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.