

<b>Case Number:</b>	CM15-0066942		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	02/26/2013
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### 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 56 year old female injured worker suffered an industrial injury on 02/26/2013. The diagnoses included cervical radiculitis, myofascial pain, chronic pain syndrome and lumbar radiculitis. The diagnostics included lumbar magnetic resonance imaging and psychological evaluation. The injured worker had been treated with physical therapy, medications, chiropractic therapy, and epidural steroid injections. On 3/10/2015 the treating provider reported chronic neck pain radiating to both shoulder and right upper extremity. He has lower back pain that radiated to both legs and hips. The treatment plan included Omeprazole, Naproxen, Gabapentin and Vicodin. Per the doctor's note dated 4/8/15 patient had complaints of pain in neck and low back Physical examination of the low back revealed diminished sensation in L5 distribution, antalgic gait, limited range of motion, tenderness on palpation, trigger points. The medication list includes Gabapentin, Naproxen, Omeprazole, and Vicodin. The patient has had MRI of the lumbar spine on 1/1/13 that revealed disc bulge with foraminal narrowing, degenerative changes. A recent urine drug screen report was not specified in the records provided The patient's surgical history include cholecystectomy and hernia repair A recent detailed examination of the gastrointestinal tract was not specified in the records provided

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg 1 table Daily #30, 5 Refills, Prescribed 03/10/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

**Decision rationale:** Omeprazole 20 Mg 1 table Daily #30, 5 Refills, Prescribed 03/10/15. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in patients at intermediate risk for gastrointestinal events and Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg 1 table Daily #30, 5 Refills, Prescribed 03/10/15 is not medically necessary.

**Naproxen 550mg 1 Tab Twice Daily #60, 5 Refills Prescribed 03/10/15: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Naproxen 550mg 1 Tab Twice Daily #60, 5 Refills Prescribed 03/10/15  
Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, 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. Patient is having chronic pain and is taking Naproxen for this injury. The diagnoses included cervical radiculitis, myofascial pain, chronic pain syndrome and lumbar radiculitis. On 3/10/2015 the treating provider reported chronic neck pain radiating to both shoulder and right upper extremity. He has lower back pain that radiated to both legs and hips. Per the doctor's note dated 4/8/15 patient had complaints of pain in neck and low back Physical examination of the low back revealed diminished sensation in L5 distribution, antalgic gait, limited range of motion, tenderness on palpation, and trigger points. The patient has had MRI of the lumbar spine on 1/1/13 that revealed disc bulge with foraminal narrowing, degenerative changes. NSAIDs like Naproxen are first line treatments to reduce pain. Naproxen 550mg 1 Tab Twice Daily #60, 5 Refills Prescribed 03/10/15 use is deemed medically appropriate and necessary in this patient

**Gabapentin 600mg 1 table 3 Times Daily, #90, 5 Refills Prescribed 03/10/15: Overtured**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Gabapentin 600mg, 1 table 3 Times Daily, #90, 5 Refills Prescribed 03/10/15 According to the CA MTUS Chronic pain guidelines regarding Neurontin/ Gabapentin, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain spinal cord injury: Recommended as a trial for chronic neuropathic pain lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit? This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. The diagnoses included cervical radiculitis, myofascial pain, chronic pain syndrome and lumbar radiculitis. On 3/10/2015 the treating provider reported chronic neck pain radiating to both shoulder and right upper extremity. He has lower back pain that radiated to both legs and hips. Per the doctor's note dated 4/8/15 patient had complaints of pain in neck and low back. Physical examination of the low back revealed diminished sensation in L5 distribution, antalgic gait, limited range of motion, tenderness on palpation, and trigger points. The patient has had MRI of the lumbar spine on 1/1/13 that revealed disc bulge with foraminal narrowing, degenerative changes. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic's like Gabapentin /Neurontin are medically appropriate and necessary in this patient The cited guidelines support the use of Gabapentin 600mg, 1 table 3 Times Daily, #90, 5 Refills Prescribed 03/10/15 in patients with this clinical situation therefore the request is deemed medically necessary.

**Vicodin 5/300mg 1 table twice daily as needed, #60, prescribed 03/10/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

**Decision rationale:** Vicodin 5/300 Mg 1 table twice daily as needed, #60, prescribed 03/10/15 Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not

specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regards to non-opioid means of pain control ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like Tramadol and other non-opioid medications, without the use of Vicodin, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. Recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Vicodin 5/300mg 1 table twice daily as needed, #60, prescribed 03/10/15 is not established for this patient.