

<b>Case Number:</b>	CM15-0072892		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/11/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 55 year old male who sustained an industrial injury on 3/11/08. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbosacral spine strain with bilateral herniations and degenerative disc disease, radiculopathy right lower extremity, status post bilateral herniorrhaphies with recurrence on the right side and restricted range of motion in most joints. Treatments to date have included status post two left inguinal hernia surgeries (6/2008, 4/2008), oral pain medication and non-steroidal anti-inflammatory drugs. Currently, the injured worker complains of pain in the back with radiation to the right leg. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No 3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents on 02/17/15 with lower back pain rated 8/10 which radiates into the right lower extremity. The patient also complains of residual pain stemming from hernia repair surgery on the left side. The patient's date of injury is 03/11/08. Patient is status post left inguinal hernia repair surgeries in June 2008 and April 2008. The request is for TYLENOL NO 3 #60. The RFA was not provided. Physical examination dated 02/17/15 reveals tenderness to palpation in the groin over both hernia repair surgical scars, and a small bulge in the right groin consistent with recurrent hernia. The patient is currently prescribed Tylenol 3, Naproxen, and a compounded topical cream containing Ketoprofen and Flurbiprofen. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Guidelines pages 88 and 89 under Criteria for Long-term use of Opioids states: The patient should be assessed at each visit, and functioning should be measured at 6-month intervals using the numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4A's -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." In regard to the requested Tylenol 3 for this patient's chronic pain, the treating physician has not provided adequate documentation to continue its use. Only one progress note was provided, dated 02/17/15, so it is difficult to establish how long this patient has been taking Tylenol 3. Per this progress note, addressing medication efficacy, the provider states: "He complains of lower back pain. Made worse by movement and improved with medication." There is no further documentation of medication efficacy included. MTUS requires documentation of pain reduction via a validated instrument or numerical scale, and activity-specific functional improvements - none are provided. Progress notes do not contain consistent drug screens or a discussion of a lack of aberrant behavior, either. The provided documentation does not satisfy the 4A's as required by MTUS to substantiate this medication. The request IS NOT medically necessary.

**Naproxen 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
NSAIDS Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain  
Outcomes and Endpoints Anti-inflammatory medications Page(s): 8-9, 22.

**Decision rationale:** The patient presents on 02/17/15 with lower back pain rated 8/10, which radiates into the right lower extremity. The patient also complains of residual pain stemming from hernia repair surgery on the left side. The patient's date of injury is 03/11/08. Patient is status post left inguinal hernia repair surgeries in June 2008 and April 2008. The request is for NAPROXEN 550MG #60. The RFA was not provided. Physical examination dated 02/17/15 reveals tenderness to palpation in the groin over both hernia repair surgical scars, and a small bulge in the right groin consistent with recurrent hernia. The patient is currently prescribed Tylenol 3, Naproxen, and a compounded topical cream containing Ketoprofen and Flurbiprofen. Diagnostic imaging was not included. Patient is currently classified as temporarily totally

disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In regard to the requested Naproxen for this patient's chronic pain, the treating physician has not provided adequate documentation of medication efficacy. Only one progress note was provided, dated 02/17/15, so it is difficult to establish how long this patient has been taking Naproxen. Per this progress note, addressing medication efficacy, the provider states: "He complains of lower back pain. Made worse by movement and improved with medication." There is no further documentation of medication efficacy included. Such vague documentation of medication efficacy does not satisfy MTUS requirements of specific analgesia or quality-of-life improvements attributed to medications. Without such documentation, continuation of this medication cannot be substantiated. Therefore, the request IS NOT medically necessary.

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** The patient presents on 02/17/15 with lower back pain rated 8/10 which radiates into the right lower extremity. The patient also complains of residual pain stemming from hernia repair surgery on the left side. The patient's date of injury is 03/11/08. Patient is status post left inguinal hernia repair surgeries in June 2008 and April 2008. The request is for OMEPRAZOLE 20MG #60. The RFA was not provided. Physical examination dated 02/17/15 reveals tenderness to palpation in the groin over both hernia repair surgical scars, and a small bulge in the right groin consistent with recurrent hernia. The patient is currently prescribed Tylenol 3, Naproxen, and a compounded topical cream containing Ketoprofen and Flurbiprofen. Diagnostic imaging was not included. Patient is currently classified as temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. While progress note dated 02/17/15 indicates this patient is currently prescribed an NSAID, Naproxen, there is no discussion of gastric complaints secondary to this medication, or evidence

of GI symptom relief following PPI utilization. Therefore, the request IS NOT medically necessary. In regard to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. While progress note dated 02/17/15 indicates this patient is currently prescribed an NSAID, Naproxen, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief following PPI utilization. Therefore, the request IS NOT medically necessary.