

<b>Case Number:</b>	CM15-0073409		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	02/27/2003
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 63 year old male, who sustained an industrial injury on 2/27/2003. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar degenerative disc disease with facet joint syndrome, status post lumbar surgery in 2008, cervical myoligamentous injury with associated cervicogenic headaches and myofascial pain, non-insulin dependent diabetes, reactionary depression and anxiety, medication induced gastritis, opiate induced gastritis, left shoulder rotator cuff tear, and bilateral carpal tunnel syndrome. Treatment to date has included diagnostics, acupuncture, chiropractic, cervical facet ablation 8/2013, left shoulder corticosteroid injection 1/2013 and 6/2014, lumbar epidural steroid injection (ESI), and medications. Currently (3/06/2015), the injured worker reported continued benefit from lumbar ESI on 1/15/2015, noting at least 60% benefit to his low back and radicular symptoms to his lower extremities. He continued to complain of neck pain with headaches and requested trigger point injections to his neck. He also described electrical sensations going up and down his arms, especially when he uses his hands. Electrodiagnostic studies were documented as showing bilateral carpal tunnel syndrome and mild bilateral ulnar entrapment, with no evidence of cervical radiculopathy. He also reported left shoulder pain and magnetic resonance imaging (8/04/2014) was referenced. He was certified to see a specialist but had not done that yet. Current medication use included Norco, Anaprox, Fexmid, and Prilosec. He was to start on Ultracet as an alternative to Norco. He also reported difficulty with sleep due to pain and anxiety and was noted to take Doral. Urine drug testing was documented as inconsistent with prescribed medications and was to be followed up with final report. His work status was permanent and

stationary. Trigger point injections were administered and medication refills were recommended. The progress report, dated 12/17/2017, also noted that Ultracet was dispensed on that visit, as an alternative to Norco. Urine drug screen, dated 12/17/2014, was inconsistent with prescribed medications.

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

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

**Ultracet 37.5/325mg one (1) BID #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Ultracet, as written above, is not indicated a medical necessity to the patient at this time.

**Anaprox DS 550mg one (1) BID #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) pages 66-73.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Anaprox. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. Long term usage of this medication is not recommended. The patient was started on this medication in 2003. According to the clinical documentation provided and current MTUS guidelines; Anaprox is not indicated a medical necessity to the patient at this time.

**Prilosec 20mg one (1) BID #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-Pump Inhibitor (PPI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 67-69.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Prilosec. According to the clinical documents, there is documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Prilosec, as stated in the above request, is determined to be a medical necessity at this time.

**FexMid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

**Decision rationale:** MTUS guidelines state the following: Fexmid is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Fexmid requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Fexmid is not indicated a medical necessity to the patient at this time.

**Norco 10/325mg one (1) BID #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 75-79.

**Decision rationale:** The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 As, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. Guidelines state that the discontinuation of opioid medication is recommended if there is no overall improvement in function. According to the clinical documentation provided and current MTUS guidelines; Norco, as written above, is not indicated a medical necessity to the patient at this time.