

<b>Case Number:</b>	CM15-0094061		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/01/1997
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 patient who sustained an industrial injury on 04/01/1997. A pain management follow up visit dated 01/05/2015 reported the patient with subjective complaint of pain in the lower back that radiates down to bilateral lower extremities accompanied by numbness to feet. Of note, the patient is currently receiving shockwave therapy treating the left foot and ankle. He stated the therapy seems to have been beneficial and he notices increased sensation along the medial aspect of the left ankle. The patient recently followed up with neurosurgeon who reviewed results from the CT myelogram informing the patient that there was no neural compression. He also has a spinal cord stimulator placed 07/22/2010. In addition, he has also had extensive management including IDET/nucleoplasty decompression on 11/04/2004. He is also status post ORIF of the right ankle on 07/30/2014. Current medications are: Norco 10/325, Doral, Lyrica, Colace, medicinal marijuana, Valium, and LidoPro. Objective findings showed the posterior lumbar spine musculature revealed tenderness to palpation bilaterally, with increased muscle rigidity. Diagnostic testing to include: nerve conduction study 07/23/2013 that showed bilateral L5 and left S1 radiculopathy. A thoracic spine CT on 07/17/2013 showed mild to moderate hypertrophic changes. A lumbar spine CT of 07/17/2013 showed a disc bulge at L3-4 and L2-3 with associated facet arthropathy. A left lower extremity ultrasound on 08/15/2012 showed negative for DVT. A left ankle CT performed on 05/02/2011 benign. Lastly a lumbar spine CT performed on 09/08/2006 showed satisfactory artificial disc replacements at L4-5 and L5-S1 with postsurgical changes. The assessment found the patient with lumbar spine strain/sprain syndrome; status post

IDET/nucleoplasty decompression 11/04/2004; left lower extremity radiculopathy; lumbar disc replacement 12/12/2005; post-ischemic complex region pain syndrome of left lower extremity; spinal cord stimulator placed 07/22/2010; acute left ankle strain/sprain 03/1/2012; medication induced gastritis constipation, and right ankle trimalleolar fracture, status post ORIF 07/30/2014, secondary to left lower extremity neuropathy, industrial related. The patient is deemed permanent and stationary. The plan of care involved: administration of trigger point injections, refilled medications, initiation of Ultracet 37.5/325mg one tablet twice daily #60 with a goal of trying to keep the use of Norco to a minimal. Lastly, the physician continues with recommendation to have the spinal cord stimulator reprogrammed. He will follow up in one month.

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

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

**Ultracet 37.5/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

**Decision rationale:** A 4/20/15 progress note indicates that the patient was written for Norco 10/325mg 2 tablets four times daily and Ultracet 37.5/325mg one tablet twice daily. The documentation does not indicate results of recent liver function tests due to patient's acetaminophen intake. The MTUS recommends that opioid dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The cumulative dose of Ultracet and Norco result in a morphine equivalent dose over 120mg oral morphine per day. Furthermore, the 5/14/15 progress note indicates that the patient has ongoing and debilitating pain. The MTUS does not support ongoing opioid use without improvement in function or pain. For these reasons, the request for Ultracet is 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 (ODG) Proton pump inhibitors, Prilosec.

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

**Decision rationale:** Prilosec 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI

bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.