

<b>Case Number:</b>	CM14-0146619		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/04/2001
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 70-year-old male who has submitted a claim for oth&unspec disc d/o lumbar region and other postsurgical status other associated with an industrial injury date of January 4, 2001. Medical records from 2012 through 2014 were reviewed, which showed that the patient complained of increasing pain of the c-spine, difficulty of walking and weakness of the lower extremities. Physical examination notes are difficult to read. More legible parts indicate that the patient had weakness of bilateral hip flexors and limited ROM due to pain. Treatment to date has included Norco, Prilosec, Chondrolyte and Diclofenac. Utilization review from August 18, 2014 denied the request for Norco 10/325mg #360, Prilosec 20mg #120 and Condrolite 500/200/150 #180. The request for Norco was denied because there was no clear indication of the patient's functional response with this medication. The request for Prilosec was denied because the requested NSAID was denied. The request for Condrolite was denied because does not meet the criteria for use of glucosamine. Most of the documents submitted contain pages with handwritten and illegible notes that were difficult to decipher. Pertinent information may have been overlooked due to its incomprehensibility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids and Opioids, on-going management.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, Page(s): 78-81.

**Decision rationale:** As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the limited information available does not allow determination of the initial date of Norco intake. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 10/325mg #360 is not medically necessary.

**Prilosec 20mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors.

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

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the patient is already 65 years old. However, he does not have any GI complaint, other risk factors for gastrointestinal events, and concurrent use of NSAIDS as the request for diclofenac, an NSAID, was also not certified. Therefore, the request for Prilosec 20mg #120 is not medically necessary.

**Condrolite 500/200/150 #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin and Glucosamine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine and Chondroitin Sulfate Page(s): 50. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA Methylsulfonylmethane

**Decision rationale:** Condrolite is a medical supplement consisting of glucosamine sulfate 500mg, chondroitin sulfate 200mg, and MSM 150mg. CA MTUS Chronic Pain Medical Treatment Guidelines page 50 states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Methylsulfonylmethane (MSM) is not FDA approved. In this case, it is not known when this medication was started. Moreover, the patient does not have any knee osteoarthritis documented in the records provided. There is no clear rationale for the use of this supplement. Therefore, the request for Condrolite 500/200/150 #180 is not medically necessary.

**Diclofenac ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines , NSAIDs are recommended as an option for short-term symptomatic relief. Official Disability Guidelines do not recommended diclofenac as first line due to increased risk profile. Recent studies confirm that diclofenac increases risk of cardiovascular (40%) and cerebrovascular events, and mortality. In this case, the initial date of intake and the patient's response to prior use of this medication is not known. The limited information does not permit the determination of the necessity of the medication. Therefore, the request for Diclofenac ER 100mg #120 is not medically necessary.