

Case Number:	CM13-0025143		
Date Assigned:	03/21/2014	Date of Injury:	04/25/2007
Decision Date:	09/26/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Physical Medicine and Rehabilitation 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:

This is a 31-year-old male with a 4/25/07 date of injury, when he fell from a height of approximately 15 feet and injured his neck, bilateral wrists, left elbow, pelvis and left knee. The patient was seen on 5/15/12 with complaints of 6/10 sharp and achy low back pain. The exam showed tenderness and spasms in the paraspinal lumbar muscles with radiation to the lower extremity. There was tenderness in the left ankle and coccyx area noted. The patient was taking Fentanyl patch, Norco, Prilosec and Phenergan. The patient was seen on 11/18/13 with complaints of low back pain radiating into the inguinal regions, more to the right. Exam findings revealed lumbar facet joint pain on the right mid levels and left sacroiliac joint pain. The patient was taking Norco 1 tablet every 6-8 hours, Prilosec 1 tablet orally as needed for heartburn from pain medications. The diagnosis is low back pain, neck pain, thoracic pain, elbow pain, wrist pain, and chronic pain syndrome. Treatment to date: work restrictions, steroid injections, medications, wrist splint, and physical therapy. An adverse determination was received on 9/12/13. The request for Prilosec #30 20mg x5 refills was denied due to a lack of documentation providing subjective/objective evidence to support the medical necessity for this medication. The request for Norco #120 10/325 mg x 2 refills was denied due to a lack of objective evidence to continue the prescription, given that the patient was on opioids for almost 6 years.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC #30 20MG X 5 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors FDA (Prilosec).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. The etiology of the patient's stomach complaints has not been established, and there is only a supposition on the part of the treating physician that the complaints are a result of the use of Norco. In addition, there is a lack of documentation with subjective and objective functional gains from the previous treatment with Prilosec. Therefore, the request for Prilosec #30 20mg x 5 refills was not medically necessary.

NORCO #120 10/325MG X 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2007 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Norco #120 10/325 mg x 2 refills was not medically necessary.