

Case Number:	CM13-0052257		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2007
Decision Date:	06/17/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/15/2013

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 & Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 reported with a date of injury of 9/12/07 to her low back. The diagnoses include lumbar sprain with radiculitis. There is an 11/19/13 primary treating physician progress report which states that the patient is ambulating with a slow gait. She is in a fair amount of pain. There is increased pain and tenderness and limited range of motion. She has ongoing positive bilateral straight leg raise. Heel to toe walk attempts clearly produced increased back pain and appeared to be weak. The treatment plan includes APAP/Codeine 300/30mg #120 1 tab every 6-8 hours as well as Prilosec 20mg #60 1 cap BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60 1 CAP BID: Upheld

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

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

Decision rationale: The Chronic Pain guidelines state that: There must be evidence that the patient meets MTUS criteria for a proton pump inhibitor including: (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).

California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation reveals that the patient was on Anaprox in the past which is an NSAID. There is no recent documentation that the patient is still on an NSAID. The documentation indicates that the patient has medication induced dyspepsia. Without recent documentation of NSAID use and no other risk factors for gastrointestinal use the request for Prilosec 20mg #60 1 cap BID is not medically necessary and appropriate.

APAP/CODEINE 300/30 MG #120 1 TAB Q6-8 HRS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids, Acetaminophen (APAP Page(s): 75, 11.

Decision rationale: The request for APAP/Codeine 300/30mg #120 1 tab every 6-8 hours is not medically necessary per the MTUS guidelines. The MTUS guidelines state that acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. The guidelines state that short acting opioids are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. The documentation reveals that there is no indication that the medication has improved patient's pain or functioning to a significant degree. The MTUS guidelines state to discontinue opioids when there is no overall improvement in function and to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. Without significant functional improvement or improvement in pain the request for APAP/Codeine 300/30mg #120 1 tab every 6-8 hours is not medically necessary.