

Case Number:	CM14-0150312		
Date Assigned:	09/18/2014	Date of Injury:	04/01/2013
Decision Date:	11/04/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 injured worker is a 61-year-old male who reported an injury on 04/01/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included cerebral colloid cyst, degeneration of lumbar or lumbosacral intervertebral disc, low back pain, and lumbar radiculopathy. The previous treatments included medication. In the clinical note dated 03/25/2014, it was reported the injured worker complained of ongoing lower back pain with radiation down the lower extremities. He rated his pain 8/10 in severity. On physical examination, the provider noted the lumbar spine musculature with no tenderness to palpation bilaterally with muscle rigidity. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinal muscles. The lumbar range of motion was noted to be flexion at 45 degrees and extension at 15 degrees. The provider requested Norco and Prilosec. A rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS 8/25/14 Norco 10/325mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The retrospective request for Norco 10/325mg QTY 60 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Retro DOS 8/25/14 Prilosec 20mg QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): 68-69..

Decision rationale: The retrospective request for DOS 8/25/14 Prilosec 20mg QTY 60 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for injured workers that are at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, a proton pump inhibitor is not an indicated when taking NSAIDs. The treatment of dyspepsia of NSAID use includes stopping the NSAID, switching to a different NSAID, adding an H2 receptor antagonist or a proton pump inhibitor. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, there was a lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.