

Case Number:	CM13-0002923		
Date Assigned:	12/27/2013	Date of Injury:	11/07/2011
Decision Date:	03/11/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Occupational Medicine 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 physician 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture over the life of the claim; and extensive periods of time off of work. In a Utilization Review Report of July 17, 2013, the claims administrator partially certified a request for Norco for weaning purposes, partially certified a request for Naprosyn, denied a request for Prilosec, and denied a urine drug screen. The applicant's attorney subsequently appealed. An earlier progress note of July 1, 2013, is sparse, notable for multifocal neck, midback, low back, shoulder, elbow, and wrist pain complaints. The applicant also reports insomnia secondary to pain. Range of motion testing about multiple body parts is painful and limited. The applicant is asked to continue Naprosyn, Neurontin, Norco, Prilosec, Ambien, and unspecified topical compounds. The applicant seemingly remains off of work, it is further noted

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 QTY 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduce pain effected as a result of ongoing opioid usage. In this case, these criteria have not seemingly been met. There is no evidence of improved performance of nonwork activities of daily living affected as a result of ongoing Norco usage. There is no evidence that the applicant has returned to work. There is no evidence of appropriate analgesia reported a result of ongoing opioid usage. Therefore, the request is not certified.

Naproxen 550mg QTY 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here, in this case, as with the other drugs, the applicant has used this agent chronically and failed to derive any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant has failed to reduce dependence on medication treatment. Therefore, the request is not certified on the grounds that the applicant has failed to effect any functional improvement as defined in MTUS 9792.20f, despite prior Naprosyn usage.

Omeprazole 20mg QTY 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton-pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any signs or symptoms of dyspepsia, either NSAID-induced or standalone. Therefore, the request is not certified.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or frequency with which to perform urine drug testing. As noted in the ODG Chronic Pain Chapter Urine Drug testing topic, the attending provider should clearly state which drug test and/or drug panels which he intends to test for along with request for authorization for testing. The attending provider should also attach the applicant's complete medication list to the request for drug testing and state the last time the applicant underwent urine drug testing. In this case, none of the aforementioned criteria were met. The attending provider did not furnish the applicant's medication list along with request for authorization, nor he did clearly state which drug test and/or drug panels which he intended to test for. Therefore, the request is not certified.