

Case Number:	CM13-0007045		
Date Assigned:	12/27/2013	Date of Injury:	03/02/2011
Decision Date:	03/31/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/05/2013

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 in 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:

According to the records made available for review, this is a 45-year-old male with a 3/2/11 date of injury. At the time of request for authorization for Prilosec 20MG, quantity: 30 and Vicodin 750MG, quantity: 60, there is documentation of subjective (low back pain radiating to the right leg with numbness as well as upset stomach secondary to Relafen and Robaxin) and objective (limited and painful lumbar spine range of motion; tenderness over the lumbar spinous process, facet joints, and sacroiliac joints; and trigger points with spasms in the lumbar paravertebral and quadratus joints) findings, current diagnosis (lumbar spine sprain), and treatment to date (medications (including Prilosec since at least 8/4/12 and Vicodin since at least 1/4/13). Report identifies that the patient was counseled as to the benefits and potential side effects of the medications and that Relafen and Robaxin were discontinued due to causing upset stomach. Regarding Prilosec 20MG, quantity: 30, there is no documentation of history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, an anticoagulant, and/or high dose/multiple NSAID. Regarding Vicodin 750MG, quantity: 60, there is no documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, QUANTITY: 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine sprain. In addition, there is documentation of patient utilizing Prilosec since at least 8/4/12. However despite documentation of upset stomach secondary to Relafen and Robaxin, there is no documentation of history of peptic ulcer, GI bleeding or perforation. In addition, given documentation that Relafen and Robaxin were discontinued due to causing upset stomach, there is no documentation of concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. Furthermore, there is no documentation of functional benefit with previous use. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20MG, quantity: 30 is not medically necessary.

VICODIN 750MG, QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Vicodin. Within the medical information available for review, there is documentation of a diagnosis of lumbar spine sprain. In addition, there is documentation that patient was counseled as to the benefits and potential side effects of the medication; and utilizing Vicodin since at least 1/4/13. However, there is no documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Vicodin 750MG, quantity: 60 is not medically necessary.