

Case Number:	CM13-0009683		
Date Assigned:	01/29/2014	Date of Injury:	12/31/2011
Decision Date:	06/02/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/12/2013

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, has a subspecialty in Interventional Spine 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:

The patient is a 56 year old male with an injury date of 12/31/11. Based on the 06/14/13 progress report, the patient's diagnoses include headache, cervical sprain/strain, thoracic sprain/strain, lumbar radiculopathy, lumbar, sprain/strain, and trigger finger acquired. A CT scan of the cervical spine on 02/27/12 revealed that the patient had mild to moderate osteoarthritis. The treating physician is requesting, Hydrocodone 10/325 mg #60, Glucosamine Sulfate 500 mg #90, and Omeprazole 20 mg #60. The utilization review determination dated 07/23/13 recommends denial of the Hydrocodone, Glucosamine Sulfate, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines On Long-Term Opioid Use Page(s): 88-89.

Decision rationale: According to the MTUS guidelines, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain,

increased level of function, or improved quality of life." For chronic opiate use, MTUS guidelines, state, "Document pain and functional improvement and compare to baseline... Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." In this case, none of the reports show any documentation of pain assessment using a numerical scale describing the patient's pain and function. The four A's (Analgesia, ADL's, Adverse reaction, Adverse behavior) are not discussed. The request for Hydrocodone 10/325 mg # 60 is not medically necessary and appropriate.

GLUCOSAMINE SULFATE 500MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (Chondroitin Sulfate).

Decision rationale: MTUS Guidelines regarding glucosamine state that Glucosamine Sulfate is "Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis." In this case, knee arthritis was not documented in any of the progress reports and the report with the Glucosamine Sulfate request was not provided. The request for Glucosamine Sulfate 500 mg # 90 is not medically necessary and appropriate.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: MTUS guidelines supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. The Official Disability Guidelines (ODG) also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case the treating physician has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. The request for Omeprazole 20 mg # 90 is not medically necessary and appropriate.