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| Case Number: | CM13-0011502 | | |
| Date Assigned: | 06/06/2014 | Date of Injury: | 07/19/2005 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 07/22/2013 |
| Priority: | Standard | Application Received: | 08/14/2013 |

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 Internal Medicine, has a subspecialty in Rheumatology 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 is a 58 year old male with date of injury 7/19/2005. The mechanism of injury is stated as lifting a heavy box. The patient has complained of lower back pain with bilateral lower extremity pain since the date of injury. He has been treated with physical therapy, epidural corticosteroid injections and medications. Objective: lumbar spine paraspinal muscle tenderness to palpation, lumbar spine decreased range of motion , positive straight leg raise bilaterally, decreased sensation lateral lower leg bilaterally. Diagnoses: lumbosacral pain, lumbosacral radiculitis. Treatment plan and request: Norco, Theramine, Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIODS Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

Decision rationale: This 58 year old male has complained of lower back pain and bilateral lower extremity pain since date of injury 7/19/05. He has been treated with physical therapy, epidural

corticosteroid injections and medications. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

THERAMINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: www.UpToDate.com.

Decision rationale: This 58 year old male has complained of lower back pain and bilateral lower extremity pain since date of injury 7/19/05. He has been treated with physical therapy, epidural corticosteroid injections and medications. The current request is for Theramine. There are no good evidenced based medical guidelines to support the use of Theramine in the treatment of lower back pain. On the basis of the lack of medical evidence for the use of Theramine, it is not indicated as medically necessary for this patient.

PRILOSEC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk; pages 67-68 Page(s): 67-68.

Decision rationale: This 58 year old male has complained of lower back pain and bilateral lower extremity pain since date of injury 7/19/05. He has been treated with physical therapy, epidural corticosteroid injections and medications. The current request is for Prilosec. There are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary for this patient.