

Case Number:	CM13-0017791		
Date Assigned:	01/22/2014	Date of Injury:	05/12/2004
Decision Date:	03/25/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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:

The patient is a 60-year-old female who reported an injury on 05/12/2004. The mechanism of injury was not specifically stated. The patient is diagnosed with cervical spine sprain and strain, right knee medial and lateral meniscal tears, and cervical foraminal stenosis. The patient was seen by [REDACTED] on 08/28/2013. Physical examination revealed diminished cervical range of motion, positive shoulder depression testing on the right, and tenderness to palpation. Treatment recommendations included a prescription for Norco and Prilosec, and continuation of home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Vicodin 5/500mg #60 for DOS 8/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made.

Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. Satisfactory response to treatment had not been indicated. Therefore, the retrospective request cannot be determined as medically appropriate. As such, the request is non-certified.

Retrospective Prilosec 20mg #30 for DOS 8/9/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The Physician Reviewer's decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients with intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient did not meet criteria for the requested medication. As such, the request is non-certified