MAXIMUS Federal Services

Case Number:	CM13-0018191		
Date Assigned:	10/11/2013	Date of Injury:	03/29/2009
Decision Date:	05/15/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 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 applicant is a represented an [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 2, 2009. 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; earlier lumbar diskectomy and fusion surgery in 2010; topical agents; muscle relaxants; and the apparent imposition of permanent work restrictions. In a utilization review report of July 9, 2013, the claims administrator approved a request for Lexapro, Lidoderm, Lyrica, Naprosyn, and tizanidine while denying Norco and omeprazole. The applicant's attorney subsequently appealed. Some portions of the utilization review decision were truncated as a result of repetitive photocopying and faxing. The claims administrator's overall rationale is quite sparse. It was stated that there was no history of GI distress or GI risk factors in the applicant which will make a case for usage of omeprazole and that there was no evidence of functional improvement with ongoing Norco usage. Therefore, the Norco was denied. However, the claims administrator did approve Lyrica, Naprosyn, and tizanidine. In a January 15, 2013 progress note, the applicant was described as reporting persistent low back pain radiating to the left leg. The applicant was using Naprosyn, Lexapro, Lortab, Prilosec, Lidoderm, and Neurontin as of that point in time. The claimant was given a permit of 20-pound lifting limitation at that point in time. In a medical-legal report of March 11, 2013, the applicant was given a 28% whole-person impairment rating. In a progress note of May 31, 2013, the applicant was described as reporting persistent low back pain. The claimant was described as using cane to move about. The applicant's low back pain was worsening with spasms also noted. The claimant was on Lortab, Naprosyn, Prilosec, Lexapro, Lidoderm, Neurontin, and Norco, it was noted. The applicant was given a trigger point injection in the clinic setting. Norco, Zanaflex, and a 20-pound permanent lifting limitation were

renewed. On November 19, 2013, the attending provider suggested that the applicant continue her current medication regimen, which included Naprosyn, Prilosec, Lexapro, Lidoderm, Norco, Zanaflex, and Lyrica. The applicant's pain level is 4/10. There was no description of the applicant's ability to perform activates of daily living on this or any other recent 2013 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF HYDROCODONE/ACETAMINOPHEN 10/325MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain archived as a result of ongoing opioid usage. In this case, these criteria have not been met. The applicant is off of work. A rather proscriptive 20-pound lifting limitation remains in place, unchanged, from visit to visit. There is no mention of successful reduction in pain scores or improved ability to perform activities of daily living as a result of ongoing Norco usage. It is further noted that page 78 of the MTUS Chronic Pain Guidelines suggests using a lowest possible dose of opioid needed to improve pain and function. The applicant was described on a May 31, 2013 progress note as using two separate short acting opioids, Lortab and Norco. No rationale for usage of two separate short acting opioids was provided. Similarly, there is no evidence of appropriate analgesia achieved through ongoing opioid therapy. The applicant continues to report inadequate analgesia with multiple analgesic and adjuvant medications, including opioids. Accordingly, the request is not medically necessary and appropriate.

PRESCRIPTION OF OMEPRAZOLE ECC 20MG #60: 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: While page 69 of the MTUS Chronic Pain Guidelines does support provision of proton pump inhibitors to combat NSAID-induced dyspepsia, in this case there is no mention of any ongoing issues with dyspepsia, reflux, and/or heartburn made on any recent 2013 progress note, either NSAID-induced or stand-alone. Furthermore, there is no evidence that the applicant meets criteria set forth on page 68 of the MTUS Chronic Pain Guidelines for introduction of omeprazole for prophylactic purposes. Specifically, there is no evidence that the

applicant has any history of peptic ulcer disease, GI bleeding, or perforation, is using multiple NSAIDs, is using NSAIDs in conjunction with corticosteroids, and/or is using NSAIDs while over 65 years of age. In this case, the applicant is 61 years of age. Accordingly, the request is not medically necessary and appropriate.