

Case Number:	CM13-0019799		
Date Assigned:	10/11/2013	Date of Injury:	06/25/2004
Decision Date:	01/29/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

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 Internal Medicine, and is licensed to practice in Washington DC, and Virginia. 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:

This is a 59 year old male who had fell and sustained injury to his lower back on June 25, 2004. He worked as fruit picker. He was hit by a pickup truck and was thrown forward. The patient was seen on an ongoing basis by [REDACTED] (neuro-psychiatry). On Feb 26 2013 and January 3 2013, the patient was seen for ongoing pain issues. He was diagnosed with lumbar strain and left lumbar radiculopathy. He was advised to follow up with [REDACTED], orthopedics. He was given medications: Norco 5/325, soma 350mg tid, Naproxen 550mg bid prn, Omeprazole 20mg daily for prophylaxis. He was also given Ketoprofen 75mg bid prn to treat inflammation. He was seen by [REDACTED] in September 13 2012 for ongoing pain complaints in his lower back, knee, shoulder; all of these were left sided. He was diagnosed with lumbar strain and left lumbar radiculopathy. It was recommended to continue medications with Vicodin ES 4xd, Soma 350mg tid, Naproxen 550mg bid prn. At this time, Omeprazole 20mg daily was initiated for prophylaxis. A brace and wheeled walker was also advised to be continued. The patient was seen by [REDACTED] on November 27 2012 for pain complaints. The clinical impression was similar to the visit in Sept 2012. It was recommended to start an OrthoStim unit, as well as to continue Vicodin, Soma, Naproxen, and Omeprazole as previously prescribed. From the documentation review, it appears that Vicodin, Soma, Ibuprofen 800mg tid, Zantac 150mg prn were started in July 20 2010. There were concerns in September 13 2011 that the patient might become tolerant to Vicodin and trial of Tylenol #3 was initiated however this was effective for treating the patient's pain. The patient had ongoing issues with falls and was continued on medical therapy as prescribed initially.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 2,3,12,75, 91.

Decision rationale: Per MTUS guidelines for chronic back pain, opiates are to be limited in short term pain relief but the long term efficacy is not clear(>16 weeks) and the role is considered to be limited. If treatment failure is demonstrated via a time-limited course, the patient should be reassessed and alternatives should be looked into. This patient has been on chronic narcotics and did not have an improvement in his symptoms. There was also concern that he may have developed tolerance to the opiate and an attempt was made to switch to alternative medication, which was not successful. Following this the patient was resumed on the initial therapy. Due to concerns of opiate dependence and tolerance, this medication should be limited as per MTUS guidelines

Prevacid 30mg: Overturned

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

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

Decision rationale: Patient was having issues with ongoing back pain and was given NSAIDS for a lengthy time frame despite a lack of resolution of his sx. He was given omeprazole, a proton pump inhibitor (PPI), to prevent GI side effects as a result of taking an NSAID. As per MTUS, patients who are at an intermediate risk of gastrointestinal events and no cardiovascular disease: 1) a NSAID with either a PPI or misoprostol or, 2) cox 2 agent. Long term PPI, over a year, usage is associated with increased risk of hip fracture. For the time frame listed, an NSAID was tried to alleviate pain and as such , required GI prophylaxis. Thus, a PPI is warranted