

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0022163 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 11/05/2003 |
| Decision Date: | 03/27/2014 | UR Denial Date: | 08/29/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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, has a subspecialty in Cardiology and Cardiovascular Disease and is licensed to practice in Texas. 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 52-year-old male who reported an injury on 11/05/2003 after he sustained an injury to his low back ultimately resulting in lumbar post-laminectomy syndrome after an L5-S1 fusion failed to resolve the patient's symptoms. The patient's chronic pain has been treated conservatively with medications and trigger point injections followed by implantation of a spinal cord stimulator. The patient's most recent clinical evaluation revealed muscle rigidity bilaterally with numerous palpable trigger points and significantly decreased range of motion of the lumbar spine. The patient's diagnoses included lumbar post-laminectomy syndrome, medication-induced gastritis, reactionary depression/anxiety with associated sleep disturbance, and status post CVA with residual right hemiparesis. The patient's treatment plan included increasing the patient's intrathecal daily dose of medication, participation in a home exercise program, trigger point injections, and continuation of medications to include Norco 10/325 mg, Zanaflex, Prilosec, and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #120 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence the patient has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, quantitative measures of pain relief, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence the patient is monitored for aberrant behavior through urine drug screens. However, the clinical documentation submitted for review does not provide any evidence of significant functional benefit or pain relief as result of this medication. Therefore, the continued use of Norco 10/325 mg would not be indicated. As such, the requested Norco 10/325 mg #120 is not medically necessary or appropriate.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested Prilosec 20 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration and is diagnosed with gastrointestinal upset related to medication usage. However, California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants when there is evidence that the patient is at risk for developing gastrointestinal upset and related events. The most recent clinical evaluation does not provide any evidence of gastrointestinal disturbances related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Prilosec 20 mg #60 is not medically necessary or appropriate.