

Case Number:	CM13-0025263		
Date Assigned:	01/31/2014	Date of Injury:	09/26/2010
Decision Date:	07/14/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/17/2013

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:

This is a 51-year-old male patient with a 9/26/10 date of injury. The mechanism of injury was not provided. A 7/25/13 progress report indicated that the patient complained of strong pain in the lower back, which radiates down to the lower extremities, more on the left side. He states his pain level is a 3-4/10 at rest. He was improved with exercise and medication. Physical exam demonstrated increased pain with exertion in the lumbar region, more on the left side. Knee bending and straight leg raising were both painful in the mid-back with some radiation into the thigh. The patient had three urine drug screens which were inconsistent; on 1/14/13, it was positive for opiates, on 5/9/13 it was negative, and on 8/8/13 it was positive. He was diagnosed with lumbar strain, lumbar facet syndrome, lumbosacral radiculopathy, leg length discrepancy, and chronic pain. Treatment to date has included medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG #30: Overturned

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 (NSAIDs, GI symptoms & cardiovascular risk) Page(s): 68.

Decision rationale: The California MTUS guidelines support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. On the 7/27/13 progress report, the patient is documented to have acid reflux. In addition, the patient is noted to be on chronic NSAIDs. The guidelines support the use of Omeprazole in this setting. As such, the request is medically necessary.

HYDROCODONE 10/325MG #90: 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 Opiates Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Despite the fact that the patient had urine drug screen on 5/9/13 that was negative for opiates, the provider failed to address the inconsistent results. There is no documentation provided of functional improvement or continued analgesia. In addition, there was sparse information in the recent medical report as to the lack of side effects or aberrant behavior. As such, the request is not medically necessary.