MAXIMUS Federal Services

Case Number:	CM13-0026973		
Date Assigned:	03/28/2014	Date of Injury:	12/19/1997
Decision Date:	05/12/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 52 year-old female with a date of injury of 12/17/1997, the mechanism of injury was not provided in the records. The injured worker had diagnoses including lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, and medication-induced gastritis. It was noted the injured worker continued to complain of occasional GI discomfort in the form of heartburn-like symptoms that were relieved with Prilosec 20 mg twice a day. Medications included MS Contin 30mg two tablets a day to one tablet a day as needed, Norco 10/325mg 1-2 tablets for breakthrough pain, FexMid 7.5mg twice a day, Anaprox DS 550mg twice a day and Topamax 50mg twice a day. The request is for a retrospective decision on Prilosec 20 mg and Colace 100 mg, date and rationale not provided in the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRILOSEC 20MG: 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.

Decision rationale: Within the provided documentation it was noted the injured worker reported occasional GI discomfort in the form of heartburn-like symptoms, which were relieved with Prilosec and did note the patient is taking an NSAID. However, the clinical information provided failed to meet guideline criteria for the requested medication as the patient is not greater than 65 years of age, does not have a documented history of peptic ulcer, GI bleeding or perforation and does not have concurrent use of ASA, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. The patient has only had occasionally GI symptoms per the documentation at which time the patient would utilize this medication. The documentation provided did not support that the patient utilizes this medication on a daily basis and therefore does not support the request. The request as submitted also failed to provide the frequency of the medication to determine necessity. Therefore, the request is non-certified.

RETROSPECTIVE COLACE 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

Decision rationale: California MTUS Guidelines recommend prophylactic treatment for constipation for injured workers utilizing opioid medications. The patient is noted to be taking Norco; however, the documentation provided did not indicate the injured worker reported any constipation issues. The request as submitted failed to provide the frequency of the medication to determine the necessity. Therefore, the request is non-certified.