

Case Number:	CM13-0027602		
Date Assigned:	04/21/2014	Date of Injury:	08/30/2010
Decision Date:	05/22/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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 Orthopedic Surgery and is licensed to practice in Arizona. 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 patient sustained injuries to his neck and lower back as a result of a motor vehicle accident during the course of his occupation as a meter reader, date of injury August 30, 2010. In addition to the diagnosis of cervical and lumbar strain, the patient has other industrial related problems including hypertension, gastropathy, obstructive sleep apnea, sexual dysfunction, cephalalgia, abdominal pain. The patient has been treated with Norco and Prilosec for several years and there is a request to continue these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC: 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 NSAIDS Page(s): 68-69.

Decision rationale: MTUS guidelines relate the use of Prilosec to the risk of gastrointestinal events while using NSAIDs. This patient is not taking any NSAIDs. In addition Prilosec is used in the treatment of Gerds and other GI conditions related to hyperacidity. There is no documentation in the record that the patient has another condition for which Prilosec would be

prescribed. Nor is there documentation that the patient has been worked up showing industrial related gastrointestinal problems which are abdominal pain and gastropathy. Therefore, without this documentation the medical necessity of continuing Prilosec cannot be established.

NORCO: 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 Page(s): 74-96.

Decision rationale: The patient has been using Norco for several years to treat his neck and back pain and he also uses it for his headaches. MTUS guidelines for ongoing use of opioids requires ongoing monitoring of chronic pain patients. These include documentation of pain relief, side effects, physical and psychosocial functioning and the occurrence of potential aberrant drug-related behavior. It also requires the use of drug screening if there are issues of abuse, addiction, or poor pain control. Documentation of misuse of medication and continuing review of overall situation with regard to non-opioid means of pain control. In addition, chronic headaches are one of the side effects of opiate overuse. There is no documentation in the medical record of ongoing monitoring for analgesic effect, activities of daily living, adverse side effects or aberrant drug taking behaviors. There is no drug screening. Therefore, the medical necessity for the continuing use of Norco has not been established.