

Case Number:	CM13-0030308		
Date Assigned:	11/27/2013	Date of Injury:	01/07/2009
Decision Date:	01/24/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 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 claimant is a 42-year-old who was injured in work-related accident on 1/7/09. Initial mechanism of injury is unclear, but it is documented that the claimant has ongoing and chronic complaints of cervical and lumbar pain. A recent assessment from [REDACTED] dated 8/23/13 indicated ongoing neck and low back complaints with no documentation of recent benefit from treatment, including medication management. The physical examination was specific for tenderness to palpation over both the paravertebral muscles of the cervical and lumbar spine, as well as the trapezius. The lower extremities demonstrated a positive straight leg tension sign, but no documentation of focal motor, sensory, or reflexive changes of the upper or lower extremities were noted. At that date, the claimant was given a diagnosis of status post L5-S1 lumbar fusion with chronic radiculopathy, as well as status post anterior cervical discectomy and fusion at C5-6. Recent treatment is noted to have included medication management, home exercises, and activity restrictions. Further clinical records for review include a recent 8/5/13 urine drug screen that detected the use of Hydrocodone. The claimant's cervical surgery took place in July 2012, and the lumbar fusion procedure was performed in December 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidals, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Guideline criteria indicate the role of gastrointestinal (GI) agents for claimants that are at high risk for gastrointestinal events. Risk factors include an age greater than 65 years; a history of peptic ulcer; GI bleeding or perforation; concordant use of aspirin, corticosteroid, or anticoagulants; and/or high dose multiple nonsteroidal use. Records in this case do not indicate any of the above criteria for which the role of a proton pump inhibitor would be indicated. The request is non-certified.

Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-77.

Decision rationale: The claimant is noted to be status post two prior fusion procedures, one to the cervical spine and one to the lumbar spine, both having occurred greater than 18 months ago. Records fail to demonstrate any documentation of persistent radicular findings on examination and also do not document specific benefit from the current regimen of medication management. Guideline criteria would typically not support the role of long-term short-acting analgesics without documentation of significant benefit, in absence of significant clinical findings, or imaging supporting anatomic deficit. The continued role of Norco in this course of care is not supported.

Restoril 15mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Guideline criteria regarding benzodiazepines state that they are not recommended for long-term use because long-term efficacy is unproven, and there is a high risk of dependence. Guidelines limit the use of benzodiazepines to four weeks, since chronic use is the treatment of choice in very few medical conditions. Given the claimant's apparent long-term use of benzodiazepine agents, clearly much greater than four weeks, their continued use at this stage would not be supported.