

Case Number:	CM13-0031642		
Date Assigned:	12/04/2013	Date of Injury:	07/23/2007
Decision Date:	02/05/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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 patient is a 27-year-old male who reported an injury on 07/23/2007. The mechanism of injury was not provided for review. The patient developed chronic lumbago. The patient underwent an MRI that revealed a central disc bulge at the L5-S1 minimally indenting the thecal sac without nerve root encroachment. It was noted within the documentation that the patient failed to respond to conservative measures; however, these measures were not specifically identified within the documentation. The patient's most recent clinical documentation revealed the patient's pain was managed with Norco 10/325 mg, Prilosec 20 mg, and Norflex and that the patient was considered compliant with medications. Physical findings included an antalgic gait and stiff movements. It was noted that the patient complains of gastritis, depression, sexual problems, anxiety, sleep disturbances, weight gain, and stress. The patient's diagnoses included chronic low back pain with bilateral lower extremity radiculopathy, chronic thoracic spine sprain/strain, and left shoulder sprain. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 30mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk 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 20mg #60 with 1 refill 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 period of time. Additionally, it is noted that the patient complains of gastritis. The California Medical Treatment and Utilization Schedule recommend gastrointestinal protectants when the patient is at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does provide evidence that the patient is diagnosed with gastritis. However, there is no documentation that the patient receives any relief from this medication. There is no recent evaluation of the patient's gastritis complaints to determine the efficacy of this medication and support continued use. As such, the requested Prilosec 20mg #60 with 1 refill is not medically necessary or appropriate.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

Decision rationale: The requested Norco 10/325mg #60 with 1 refill 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 of time. The California Medical Treatment and Utilization Schedule recommends the continued use of opioids in the management of chronic pain be supported by documentation of quantitative pain assessment, specific evidence of functional benefit, management of side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient is being managed for aberrant behavior. Additionally, there is no documentation of functional benefit or pain relief as it is related to this medication. Therefore, continued use would not be supported by Guideline recommendations. As such, the requested Norco 10/325mg #60 with 1 refill is not medically necessary or appropriate.