

Case Number:	CM13-0031772		
Date Assigned:	12/04/2013	Date of Injury:	02/15/2008
Decision Date:	01/17/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Orthopedic Surgery 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 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 36-year-old gentleman who was injured in a work related accident on February 15, 2008. Recent clinical assessments for review include a November 14, 2013 follow-up assessment with [REDACTED], orthopedic surgeon, indicating continued complaints of low back and bilateral leg pain. He states at that time that he continued to be symptomatic with physical examination including left shoulder tenderness to the deltoid and bicipital tenderness, positive impingement. He also notes the low back was with tenderness over the paravertebral musculature with spasm and guarding and walking with a limp. He recommended continued use of medications at that time to include Prilosec as well as Norco. There was indication that previous utilization review had documented need to wean from Norco due to lack of efficacy and chronic use. There was an apparent weaning dose prescribed on November 6, 2013. There is continued request at present for Norco as well as Prilosec. Other current medications the claimant is taking are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for prescription of Norco 10/325 mg #60: Upheld

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

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

Decision rationale: Continued use of Norco would not be supported. The claimant has apparently already begun the weaning process from narcotic analgesics based on prior reviews. He was prescribed a weaning dose of Norco on November 6, 2013 assessment. The continued role of this narcotic analgesic would not be supported given the claimant's clinical presentation and understanding of initial weaning process.

Request for prescription of Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk .

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Prilosec, a proton pump inhibitor, would not be indicated. While proton pump inhibitors can be indicated in claimant's significant GI risk factor, this claimant does not meet any based on Guideline criteria. Risk factors would include an age greater than 65 years, concordant use of aspirin or corticosteroids or anticoagulants, history of peptic ulcer disease, GI bleeding, or perforation, or high dose multiple nonsteroidal use. The clinical records available for review fail to indicate any of the above risk factors, thus the need for Prilosec as a protective proton pump inhibitor for GI complaints would not be indicated.