

Case Number:	CM13-0033594		
Date Assigned:	12/06/2013	Date of Injury:	09/20/2001
Decision Date:	02/27/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation 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 patient is a 59-year-old female who reported a work related injury as a result of strain to the lumbar spine on 09/20/2001. The clinical notes document the patient presents for treatment of the following diagnoses: cervical sprain, cord compression, lumbar sprain, a failed surgery, left RSD, left knee arthritis, right wrist arthritis, GERD, and ulcers. The patient utilizes Opana 10 mg q.a.m., plus 20 mg at bedtime, Norco 10/325 three times a day, Prilosec 20 mg 3 times a day, Paxil 20 mg 3 tabs daily, and Lidoderm patches 2 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The current request is not supported. The California MTUS indicates, "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been

summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." A clinical note dated 09/06/2013, noted to be a home health evaluation of the patient, revealed the patient stated she was always in pain and she rated her pain level at a 10/10 when she moves or ambulates. The patient reports, upon resting, her rate of pain is at a 4/10 to 6/10. The clinical notes failed to evidence the patient presents with significant objective functional improvement and a decrease in the rate of pain on a VAS scale to support continued utilization of Norco 10/325 in addition to utilization of Opana. The clinical notes document the patient had been recommended to titrate utilization of this medication on multiple occasions via multiple medical reviews. Given all of the above, the request for Norco 10/325mg #90 with 5 refills is not medically necessary or appropriate.

Prilosec 20mg #90 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient utilizes Prilosec 20 mg 3 times a day for abdominal pain and heartburn. The clinical notes failed to document the patient's reports of efficacy with this medication regimen as far as her gastrointestinal complaints. Additionally, 5 refills are excessive in nature without assessment of the patient's medication regimen and efficacy of treatment. The California MTUS supports utilization of this medication for patients who report gastrointestinal complaints. The patient has been diagnosed with multiple focal ulcers in the mid and distal esophagus as of 04/04/2012. However, given all of the above, the request for Prilosec 20mg #90 with 5 refills is not medically necessary or appropriate.