

Case Number:	CM13-0035414		
Date Assigned:	12/13/2013	Date of Injury:	06/29/2012
Decision Date:	03/04/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	10/17/2013

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 Anesthesiology and Pain Management, and is licensed to practice in Florida 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 37-year-old male who reported an injury on 06/29/2012. The mechanism of injury was not provided. The patient was noted to have low back of 8/10. It was noted the medications have been somewhat effective with low back pain. The patient's chief complaints were noted to be chronic low back and left lower extremity radicular pain. The diagnoses were noted to include: lumbar discogenic disease, chronic low back pain, and HNP by history at L5-S1 of 5 mm. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the patient's signs or symptoms associated with dyspepsia. Given the

above, and the lack of documentation, the request for omeprazole 20 mg #120 is not medically necessary and appropriate.

Hydrocodone 10mg/325 #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 78,91.

Decision rationale: The MTUS Chronic Pain Guidelines recommend hydrocodone/acetaminophen for moderate to moderately severe pain and it indicates that for ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated the medications have been somewhat effective for the patient's low back pain. However, there was lack of documentation indicating documentation of the 4 A's. Additionally, there was a lack of documentation indicating the necessity for #360 tablets. Given the above, the request for hydrocodone 10/325 mg #360 is not medically necessary and appropriate.

Naproxen 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-70.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) used for the relief of the signs and symptoms of osteoarthritis. MTUS Chronic Pain Guidelines recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for #120 tablets. Given the above, the request for naproxen 550 mg #120 is not medically necessary and appropriate.

Orphenad Cit ER 100mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Orphenadrine is an antispasmodic that is used to decrease back spasms in low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Clinical documentation submitted for review failed to provide the efficacy of the requested medication. Given the above, the request for Orphenad Cit ER 100 mg #1 is not medically necessary and appropriate.