

Case Number:	CM13-0038032		
Date Assigned:	12/18/2013	Date of Injury:	03/15/2002
Decision Date:	07/03/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, 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 expert 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 53-year-old female who has submitted a claim for lumbar spine sprain/strain, cervical spine sprain/strain, possible bilateral carpal tunnel syndrome, and generalized myofascial pain, rule out fibromyalgia; associated from an industrial injury date of 03/15/2002. Medical records from 05/03/2012 to 08/13/2013 were reviewed and showed that patient complained of persistent back pain. There was also pain and numbness in the hands, knees, and neck. Physical examination showed tenderness over the 14 tender points associated with fibromyalgia. Tenderness and spasms were noted in the lower lumbar region. There were bruises in the lower extremities. Straight leg raise and Tinel's tests were positive. Range of motion of the lumbar spine was limited to pain. Motor testing was normal. Sensation was intact. Treatment to date has included acupuncture, epidural steroid injection, Norco, tizanidine, amitriptyline/tramadol/dextromethorphan compound, flurbiprofen, diclofenac, naproxen, fluoxetine, carpal tunnel release (06/30/2011), and left knee arthroscopy. Utilization review, dated 09/17/2013, certified the request for 1 blood test for CBC and CMP, certified the request for urine drug screening, denied the request for Norco 10/325mg, and denied the request for Prilosec 20mg. The reasons for certification and non-certification were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: Analgesia, Activities of daily living, Adverse side effects, and Aberrant drug- taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Norco since 2012. The medical records do not clearly reflect continued analgesia, continued functional benefit, adverse side effects. and absence of aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Furthermore, the present request as submitted does not specify the amount to be dispensed. Therefore, the request for NORCO 10/325MG, is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been on both NSAIDs and opioids. Patient is likewise a diagnosed case of GERD. Prescribing PPI is appropriate. However, the present request as submitted does not specify the number to be dispensed. Therefore, the request for Prilosec 20mg, is not medically necessary.