

Case Number:	CM13-0044077		
Date Assigned:	12/27/2013	Date of Injury:	09/11/2003
Decision Date:	04/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Practice, 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 46 year old male claimant who sustained a work injury on 9/11/03 resulting in chronic low back pain. He had a diagnosis of L5-S1 disc protrusion, radiculopathy and chronic pain syndrome. He has undergone therapy and interventional pain management. The documentation indicates he has been on hydrocodone for pain and Prilosec (to prevent gastritis) since at least 2012. His pain level ranged from 6-7/10 for monthly visits in from 2012 to 2013. He continued to use Vicodin (hydrocodone) and Prilosec. An examination report on 8/20/13 states he has 7/10 back pain with continued tightness of the back and restricted range of motion. He was recommended to continue on Norco 10/325 mg and Prilosec due to having prior NSAID gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 82-92.

Decision rationale: According to the MTUS Chronic Pain Guidelines, opioids are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long term use has not been supported by any trials. In this case, the claimant has been on hydrocodone for over a year with no improvement in pain scale. The continued use of Norco is not medically necessary and appropriate.

PRILOSEC 20MG #30 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK..

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had not been on any documented NSAIDS from at least the 2012-2013 reports provided. There were no abnormal abdominal exams or subjective GI complaints. Therefore, the continued use of Prilosec is not medically necessary and appropriate.