

Case Number:	CM13-0047012		
Date Assigned:	12/27/2013	Date of Injury:	06/04/2003
Decision Date:	04/30/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 65-year-old male who reported injury on 06/04/2003. The specific mechanism of injury was not provided. The documentation indicated the patient had been on PPIs (proton pump inhibitors) and opiates as well as muscle relaxants since 2012. The documentation of 09/25/2013 revealed the patient had worst pain in the low back that radiated to the left lower extremity. The physician indicated they tried to taper the patient's Norco, but the patient was in need of the Norco to live, function, and have a high quality of life. The patient was noted to be taking Prilosec. The patient denied illicit drug abuse. The patient's diagnoses included lumbar spine sprain/strain and low back pain with radicular symptoms to the left lower extremity. The physician opined the patient should have an increase of the Norco to 10/325 one tablet every 6 hours and continuation of Prilosec 20 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg: 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 Medications for Chronic Pain and On-Going Management (Opioids) Page(s): 60 and 78.

Decision rationale: The MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS (visual analog scale) score along with evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the employee had been taking opiates since 2012. The documentation of 09/25/2013 revealed the employee did not tolerate a decrease of the Norco. The employee's pain became severe. However, there was lack of documentation of an objective increase in the VAS score indicating a necessity for an increase in medications. There was documentation the employee had a decrease in function due to pain. There was documentation the employee was being monitored for aberrant drug behavior. The request as submitted failed to indicate the quantity of medication being requested. Given the above, and the lack of documentation, the request for 1 prescription of Norco 10/325 mg is not medically necessary.

1 prescription of Prilosec 20mg: Upheld

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

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

Decision rationale: The MTUS Guidelines indicate that PPIs (proton pump inhibitors) are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the employee had been on the medication since 2012. There was lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for 1 prescription of Prilosec 20 mg is not medically necessary.