

Case Number:	CM13-0048940		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2012
Decision Date:	05/21/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/07/2013

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 claimant is a 37-year-old gentleman, who was injured in a work related accident on June 26, 2012. Recent clinical assessment of November 19, 2013 indicated chief complaints of low back pain with radiating tailbone, buttock and bilateral leg pain with associated numbness and sensation changes. Physical examination findings showed diffuse tenderness of paravertebral muscular palpation with moderate facet tenderness from the L4 through S1 levels. There was noted to be negative straight leg raising, positive tenderness bilaterally at the S1 joints with positive Patrick's testing and restricted range of motion at endpoints. Neurologically, the claimant was with bilaterally L4 and L5 dermatomal sensory deficit with 4/5 strength with great toe extension and knee extension bilaterally. Diagnoses were that of lumbar disc disease, lumbar radiculopathy, facet syndrome, sacroiliac joint arthropathy. Given the claimant's continued current complaints, recommendations were for epidural steroid injections bilaterally at the L4-5 and L5-S1 level. At that time it stated that the claimant had failed conservative measures including drug therapy, activity modifications and physical therapy with no recent progress being made with current regimen. There were also continued recommendations for use of medications to include Prilosec, Remeron and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain; Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: CA MTUS Guidelines would not support the continued role of short acting narcotic analgesics. The claimant is greater than eighteen months following time of injury with last clinical assessment specifically stating current drug therapy and regimen provided no significant benefit. Based on lack of documentation of improvement, there would be no indication for chronic or long term use of narcotic analgesics at this time. This specific request in this case would not be supported as medically necessary.

REMERON 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-16.

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued role of Remeron would not be indicated. Remeron is a second line antidepressant. Antidepressants are typically recommended for neuropathic pain in the chronic setting with tricyclics generally recommended as first line agents unless they are ineffective, poorly tolerate or contraindicated. Records at present do not indicate contraindication to use of tricyclic antidepressants. Given the above, the role of this second line agent for neuropathic pain would not be indicated or medically necessary.

PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, NSAIDS, GI Symptoms & Cardiovascular Risk..

Decision rationale: CA MTUS Guidelines would not support the role of Prilosec. CA MTUS states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." Prilosec is a protein pump inhibitor recommended in selective situations for protective effect with concordant use of nonsteroidal medication and significant risk factor where precipitating GI symptom is present. Records do not indicate underlying GI risk factor for which clinical Guidelines would support current use of this agent. There is no history of GI perforation, bleeding, peptic ulcer disease, concordant use of corticosteroids, aspirin or anticoagulants. Clinical records at this time would not indicate the continued role of this protective agent. This request is not medically necessary.

