

Case Number:	CM13-0050479		
Date Assigned:	12/27/2013	Date of Injury:	02/18/2013
Decision Date:	04/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine and Rehabilitation; Pain Management has a subspecialty in Interventional Spine 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:

This is a 60 year-old male machine operator who was injured on 2/18/13 when he bent over and tried to pull a tub of dough out of a machine. He has been diagnosed with lumbago; cervicgia; right rotator cuff tear; right shoulder AC joint arthrosis and impingement. On 11/4/13, UR reviewed the 9/10/13 orthopedic report from [REDACTED] and recommended non-certification of omeprazole; use of Theramine; use of Gabadone; and modified use of Norco. According to the 9/10/13 report from [REDACTED], the patient presents with unchanged low back pain that radiates down the right buttock, posterior thigh, with numbness in the lower leg to the great toe and third toe. Therapy for the cervical spine did not help, and he is guarding his right shoulder, unable to reach overhead. [REDACTED] provides a rationale for Gabadone, and Theramine stating the patient suffers from an ongoing sleep disorder, and chronic pain. There was no discussion of the sleep disorder on the 9/10/13 report, or the 8/15/13 report from [REDACTED]. The 7/26/13 PR2 provided is not legible due to small font size and poor fax quality. The 7/25/13 orthopedic report from [REDACTED] does not mention a sleep disorder. The 6/6/13, 5/4/13, 4/6/13 and 3/30/13 reports from [REDACTED] do not mention a sleep disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 X2: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIIODS Page(s): 76-80.

Decision rationale: According to the 9/10/13 initial report from [REDACTED], the patient presents with unchanged low back pain that radiates down the right buttock, posterior thigh, with numbness in the lower leg to the great toe and third toe. Therapy for the cervical spine did not help, and he is guarding his right shoulder, unable to reach overhead. The 7/26/13 report is not completely legible, but pain was apparently not improving at 7/10 intensity. The patient was taking Ultracet q6h during the day and a Norco 5/325mg at night. The patient did not appear to have adequate pain control with Ultracet q6h and a Norco 5/325 at night. [REDACTED] was titrating up to Norco 10/325mg. This is in accordance with MTUS guidelines, as MTUS states prior to discontinuing "it should be determined that the patient has not had treatment failure due to causes that can be corrected such as under-dosing or inappropriate dosing schedule" .

OMEPRAZOLE 20MG #30X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI SYMPTOMS & CARDIOVASCULAR Page(s): 68-69.

Decision rationale: According to the 9/10/13 report from [REDACTED], the patient presents with unchanged low back pain that radiates down the right buttock, posterior thigh, with numbness in the lower leg to the great toe and third toe. Therapy for the cervical spine did not help, and he is guarding his right shoulder, unable to reach overhead. The patient was not reported to have GI issues with his medications. There is no mention of GERD in the patient's history and no current discussion to show that the patient meets any of the MTUS risk factors for GI events that would allow use of a PPI such as omeprazole on a prophylactic basis. The request for omeprazole does not appear to be in accordance with MTUS guidelines.

THERAMINE #90X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TREATMENT IN WORKERS' 9TH EDITION, 2013 PAIN CHAPTER THERAMINE CAPSULES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PAIN CHAPTER

Decision rationale: According to the 9/10/13 report from [REDACTED], the patient presents with unchanged low back pain that radiates down the right buttock, posterior thigh, with numbness in the lower leg to the great toe and third toe. Therapy for the cervical spine did not help, and he is

guarding his right shoulder, unable to reach overhead. The physician states Theramine was used for chronic pain. MTUS/ACOEM do not discuss Theramine, so ODG guidelines were consulted. ODG specifically states Theramine is not recommended. The request is not in accordance with ODG guidelines.

GABADONE #60X2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TREATMENT IN WORKERS' 9TH EDITION, 2013 PAIN CHAPTER THERAMINE CAPSULES(MEDICAL FOOD)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PAIN CHAPTER FOR GABADONE

Decision rationale: According to the 9/10/13 report from [REDACTED], the patient presents with unchanged low back pain that radiates down the right buttock, posterior thigh, with numbness in the lower leg to the great toe and third toe. Therapy for the cervical spine did not help, and he is guarding his right shoulder, unable to reach overhead. The physician recommended Gabadone for a sleep disorder. The records do not indicate any sleep problems from 3/30/13 through 9/10/13. The 9/10/13 initial report from [REDACTED] first mentions a sleep problem, but does not discuss what the problem is. MTUS/ACOEM did not discuss gabadone, so ODG guidelines were cited. ODG states specifically that gabadone is not recommended. The request is not in accordance with ODG guidelines.