

Case Number:	CM13-0052799		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2003
Decision Date:	03/24/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 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 29-year-old female who reported an injury on 08/09/2003. The mechanism of injury was noted to be the patient was working as a lead cashier when she was asked to pick up 2 boxes from the floor. They weighed approximately 50 pounds or more together and the patient reported an immediate sharp, shooting, stabbing pain and popping sensation in the low back. The patient's medications included Ambien, Duragesic, Flexeril, Norco, Prilosec, Senokot, and Topamax. The patient's diagnosis was noted to be postlaminectomy syndrome of the lumbar region. The patient was noted to have an SCS in place. It was indicated the patient wrote a handwritten affidavit to the pain relieving effects of the medications that were prescribed and also the increases in functional capacity associated with the medications. The patient was being monitored through the [REDACTED] program and a signed pain agreement was noted to be on file. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing management of Chronic Pain Page(s): 60, 78.

Decision rationale: California MTUS Guidelines recommend documentation of a quantitative assessment including pain relief, functional benefit, side effects and the evidence of the patient being monitored for aberrant behavior. The clinical documentation submitted for review indicated the patient wrote a handwritten affidavit. However, there was a lack of documentation indicating an objective decrease in the VAS score and objective functional benefit received from the medication. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Norco 10 mg is not medically necessary.

Prilosec 20mg: 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), online version, regarding proton pump inhibitors.

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

Decision rationale: California MTUS Guidelines recommends Proton Pump Inhibitor's (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had efficacy of the requested medication and an indication that the patient had signs or symptoms of dyspepsia. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Prilosec 20 mg is not medically necessary.

Senokot-S 8.6/50mg: 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 Initiating Opioid Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines recommends that prophylactic treatment for constipation should be initiated when starting opioid therapy. The clinical documentation submitted for review failed to provide that the patient had signs or symptoms of constipation. Additionally, as the Norco was not approved, the request for Senokot would not be approved. The request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Senokot-S 8.6/50 mg is not medically necessary.

Topamax 100mg: 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 Medications for Chronic Pain Page(s): 60.

Decision rationale: California MTUS Guidelines indicate that Topamax is an appropriate medication for chronic pain and there should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation submitted for review indicated the patient had radiating pain to support the use of antiepileptic drugs for neuropathic pain. The clinical documentation submitted for review indicated the patient had a handwritten affidavit to support the medication usage. However, there was a lack of documentation of objective functional improvement and an objective decrease in the VAS score. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Topamax 100 mg is not medically necessary.