

Case Number:	CM13-0054242		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2006
Decision Date:	12/23/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/08/2013

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 Occupational Medicine 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 61 year old female sustained work related industrial injuries on August 9, 2006. The mechanism of injury was not described. She subsequently complained of increased pain in lower back that radiates down both lower extremities with left greater than right. The injured worker was diagnosed and treated for C5-6 and C6-7 anterior cervical disectomy and fusion (March 2009), bilateral upper extremity radiculopathy, L5-S1 posterior lumbar interbody fusion (November 2009), bilateral lower extremity radiculopathy left greater than right and lumbar spinal cord stimulator implant (March 2011). The injured worker underwent posterior lumbar interbody fusion at L5-S1 in November 2009. On July 8, 2013, the injured worker underwent electrodiagnostic studies for bilateral upper extremities. Electrodiagnostic testing revealed acute right C6 radiculopathy with bilateral carpal tunnel syndrome. According to the provider notes, the injured worker continues to rely on the lumbar spinal cord stimulator that was implanted on March 31, 2011. Documentation noted that the neurosurgeon's recommendation on August 7, 2013 and treating physician recommendation on October 1, 2013 was to undergo further surgical intervention for the lumbar spine. The injured worker's treatment consisted of radiographic imaging, laboratory studies, medication management, surgical procedures, consultations and periodic follow up visits. According to the provider notes dated October 3, 2013, objective findings revealed tenderness to palpitation with increased muscle rigidity along the posterior cervical musculature. There was decreased range of motion in the left shoulder in comparison to the right. Documentation also noted a decreased sensation along the posterolateral arm and lateral forearm on the left in comparison to the right. The injured worker was noted to have a mild antalgic gait favoring the left lower extremity. As of October 29, 2010, the injured worker's work status remains permanent and stationary. The treating physician prescribed request for Prilosec 20mg #60, Colace 100mg #100, MS Contin 30mg #60, and Norco 10/325mg #240 now

under review. On October 22, 2013, Utilization Review evaluated the prescription for Prilosec 20mg #60, Colace 100mg #100, MS Contin 30mg #60, and Norco 10/325mg #240 requested on October 16, 2013. Upon review of the clinical information, UR noncertified the request noting lack of sufficient clinical documentation for functional improvement and pain relief from previously prescribed pain medication, lack of urine drug screen for monitoring, lack of documentation to support the need for Colace or NSAIDs and the recommendation of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines do not support the routine use of Proton Pump Inhibitors (PPI's) unless there are specific GI risk factors present. These factors are not documented with this patient. In addition, a dose of 20mg. per day is Guideline recommended and there is no explanation why double the usual dose is being dispensed. This is not a benign drug as chronic use is associated with increased fractures, increase lung infections and biological metal dysregulation. The Prilosec 20mg. #60 is not medically necessary.

Colace 100mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Initiating Therapy Page(s): 77.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines directly addresses this issue and supports the prophylactic treatment of constipation when opioids are utilized. The Colace 100mg. #100 is medically necessary.

MS Contin 30mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the responsible use of opioid medications when there is pain relief, functional benefits and the absence of aberrant behaviors. There is documentation of pain relief from visual analog scale (VAS) 8 down to 6 with medications, there is reported activities of daily living (ADL) benefits and the records reviewed document prior drug testing and the discontinued use of other more potent opioids (Very high dose Durgesic and Dilaudid). Continued use meets Guideline standards, the MS Contin 30mg. #60 is medically necessary.

Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids when to continue Page(s): 80.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Guidelines supports the responsible use of opioid medications when there is pain relief, functional benefits and the absence of aberrant behaviors. There is documentation of pain relief from VAS 8 down to 6 with medications, there is reported activities of daily living (ADL) benefits and the records reviewed document prior drug testing and the discontinued use of other more potent opioids (Very high dose Durgesic and Dilaudid). Continued use meets Guideline standards, the Norco 10/325mg. #240 is medically necessary.