

Case Number:	CM13-0066760		
Date Assigned:	01/03/2014	Date of Injury:	11/01/2007
Decision Date:	06/05/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation has a subspecialty Pain 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 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 injured worker is a 57 year old female with an original date of industrial injury on November 1, 2007. The diagnoses related to the work claim include cervical degenerative disc disease, cervical spondylosis, lumbar degenerative disc disease, shoulder pain, and radiculopathy. There is a history of esophageal reflux. The most recent progress note presented for review is dated October, 2013. There is evidence of chronic, long-term pain that is reportedly "worsening over the last 3-4 months" and no other changes identified. The average pain level is described as 10/10. The physical examination notes a 5'6", 165 pound individual who is normotensive. The injured worker is described to be in "no acute distress" with a decrease in cervical spine range of motion. Urine drug screen is noted to be concordant. The disputed issues include a request for Norco and Prilosec. The utilization review determination on 12/4/2013 had non-certified these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG TABLET 1 PO QID PRN, #120 X 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids, SPECIFIC DRUG LIST, NORCO, AND CRITERIA FOR USE OF OPIOID.

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

Decision rationale: When noting the date of injury, the lack of a specific mechanism of injury, diffuse pain complaints with no documentation of increased functionality or ability to return to work, and while understanding that there is reported lessening of the pain complaints, there is no data presented to suggest a need for an indefinite use of this narcotic medication. Therefore, while understanding the parameters outlined in the MTUS tempered by the clinical assessment presented, there is insufficient data to support this request.

PRILOSEC 40MG CPDR 1 PO Q12, #60 X 1 REFILL: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS (PPIs), NSAIDS, GI SYMPTOMS, AND CARDIOVASC.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK..

Decision rationale: In a progress note on date of service of October 23, 2013, the requesting healthcare provider specifies that Prilosec 40 mg is being utilized to treat medication induced gastritis and reflux. In fact, there is documentation that the patient at times requires twice daily dosing of Prilosec about 5 days per week. Given this recent documentation, the request for Prilosec is medically necessary.