

Case Number:	CM13-0071567		
Date Assigned:	02/05/2014	Date of Injury:	06/04/2007
Decision Date:	06/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 06/04/2007. The mechanism of injury was the injured worker attempted to break a patient's fall. Medication history included, as of 2007, opiates. The documentation of 11/22/2013 revealed the injured worker had been taking Soma and reported improvement in pain level with Soma and indicated the pain level with all the medications became a 3/10 from a 6/10. Examination of the right knee revealed limited range of motion with flexion at 90 degrees and extension 0 degrees. The diagnoses included status post lumbar spine fusion at L4-5 and L5-S1 in 04/2011, right knee arthralgia secondary to antalgic gait, severe depression and anxiety secondary to chronic pain and inability to return to gainful employment and status post total knee arthroplasty 1 month. The documentation indicated the injured worker had gastric symptoms and had a history of NSAID usage and as such, the provider opined the injured worker should have Prilosec to address gastrointestinal symptoms secondary to prolonged NSAID usage. The physician indicated the injured worker should have Norco for moderate to moderately severe pain. The injured worker had continued symptoms of pain. The treatment plan included Norco and Omeprazole as well as physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC/ OMEPRAZOLE 20MG #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend Proton Pump Inhibitors (PPIs) for the treatment of dyspepsia secondary to NSAID therapy. The duration of medication use could not be established through supplied documentation. The clinical documentation indicated the injured worker had gastric symptoms and a history of NSAID usage. The request as submitted failed to indicate the frequency for the requested medication. The medication was concurrently being reviewed with Norco, which failed to be supported. As such, the request for Prilosec would not be supported. Given the above, the request for Prilosec/Omeprazole 20 mg #60 is not medically necessary.

HYDROCODONE/APAP 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines effective 7/18/2009 Page(s): 91.

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

Decision rationale: California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had an objective decrease in pain. However, the documentation failed to meet the remaining criteria. The request as submitted failed to indicate the frequency for the requested medication. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. Given the above, the request for Hydrocodone/APAP 10/325 mg #60 is not medically necessary.