

Case Number:	CM13-0071988		
Date Assigned:	01/15/2014	Date of Injury:	02/09/2010
Decision Date:	06/09/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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:

The patient is a [REDACTED] employee who has filed a claim for cervicgia associated with an industrial injury of February 09, 2010. Thus far, the patient has been treated with NSAIDs, opioids, codeine, Lexapro, physical therapy, and TENS. A review of progress notes persistent neck pain radiating to bilateral shoulders and arms with pain and numbness. The neck pain flares with rapid head movement. There is neck and lumbosacral tenderness. The right radial pulse was noted to be weaker than the left. Cervical MRI dated May 14, 2013 showed normal results. Electrodiagnostic study performed November 14, 2012 showed right C6-7 radiculopathy. The utilization review dated December 19, 2013 indicates that the claims administrator denied a request for DSS as there is no documentation of constipation; Motrin as there is recommendation to discontinue naproxen use in this patient due to GI upset and there was no improvement upon initiation of Motrin; omeprazole as there is no recent documentation of adverse GI symptoms and the request for NSAID has not been authorized; and Vicodin as there is no documentation of improvement and thus weaning had been initiated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF VICODIN 5/300MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on this medication since at least August 2013. There is no documentation regarding objective functional benefits derived from this medication or periodic urine drug screens. There is already authorization for #68 dated December 20, 2013 to initiate a weaning process. There is also an authorization dated December 19, 2013 for #90. It is unclear as to why there are two authorization requests for this medication in this patient. Therefore, the request for Vicodin 5/300mg was not medically necessary per the guideline recommendations of MTUS.

ONE (1) PRESCRIPTION OF DSS 250MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Standards Practice Task Force Of The American Society Of Colon And Rectal Surgeons. Practice Parameters For The Evaluation And Management Of Constipation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation FDA.

Decision rationale: FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. California MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. Patient has been on this medication since at least August 2013. There is no documentation regarding any symptoms of constipation in this patient. There is also authorization for this medication dated December 19, 2013. In addition, the request for Vicodin was not authorized. Therefore, the request for DSS 250mg was not medically necessary per the guideline recommendations of FDA and MTUS.

ONE (1) PRESCRIPTION OF MOTRIN 600MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated in page 46 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. The patient had been on NSAIDs (Naproxen) since at least November 2011. Patient was switched to Motrin on October 2013. There is no documentation regarding symptomatic or

objective benefits while on this medication, and there is no evidence to support long-term use. Therefore, the request for Motrin 600mg was not medically necessary per the guideline recommendations of MTUS.

ONE (1) PRESCRIPTION OF OMEPRAZOLE 20MG #30: Upheld

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

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

Decision rationale: California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient has been on this medication since at least November 2011 for the stomach upset caused by Naproxen, which occurs when patient takes two tablets at the same time. There are no recent reports of adverse GI symptoms in this patient, and the request for Motrin has not been authorized as well. Therefore, the request for Omeprazole 20mg was not medically necessary per the guideline recommendations of MTUS and FDA.