

Case Number:	CM13-0072578		
Date Assigned:	03/03/2014	Date of Injury:	08/20/2011
Decision Date:	09/03/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 20, 2011. Thus far, the applicant has been treated with analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 6, 2013, the claims administrator failed to approve a request for Prilosec, Duragesic, and Norco, reportedly on the grounds that the applicant had failed to affect any lasting benefit or functional improvement with the same. In a June 25, 2014, progress note, the applicant reported unchanged neck, low back, and knee pain, 8/10, reportedly somewhat improved as a result of ongoing medication usage. Topical compounds and permanent work restrictions were endorsed. It did not appear that the applicant was working with permanent limitations in place. The applicant's complete medication list was not attached. On September 18, 2013, it was stated that the applicant reported 7/10 pain with medications and 8-9/10 pain without medications. It was reported that activities as basic as walking, standing, bending, and laughing reportedly exacerbated the applicant's pain. The applicant was using Norco twice daily and Fentanyl 12.5 mcg patches every 3 days. The applicant was reportedly having severe pain and numbness. An epidural steroid injection was reportedly endorsed. The applicant was described as using Norco as early as June 19, 2013. The applicant reported pain at 7/10 with medications and 9/10 without medications. There was no explicit mention of issues of reflux, heartburn, and/or dyspepsia in any of the cited progress notes, either in the body of the report or in the review of systems section. On September 11, 2013, the applicant again presented with multifocal low back pain. The applicant was given refills of Norco and Duragesic. Permanent work restrictions were renewed. There was no discussion of medication efficacy. It was stated that the applicant's constant pain complaints were preventing her from performing activities of

daily living. There was no mention of any issues with reflux, heartburn, or dyspepsia on this occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG ONE PO BID 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, And Cardiovascular Risks Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Prilosec to combat issues with NSAID-induced dyspepsia, in this case, however, there is no evidence of any active symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or standalone. Several progress notes, referenced above, do not make include any rationale for selection and/or ongoing usage of Prilosec. Therefore, the request is not medically necessary.

DURAGESIC PATCH 12.5MCG/HOUR ONE PATCH FOR THREE DAYS #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Opioids for Chronic Pain Page(s): 93.

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

Decision rationale: As noted in page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of same. In this case; however, the applicant's pain complaints are consistently described as in the 7-8/10 pain range, despite ongoing usage of opioids. The applicant has failed to return to work. The applicant is having difficulty performing even basic activities of daily living such as standing, walking, kneeling, bending, and squatting, it has been suggested on several occasions. Therefore, the request is not medically necessary.

NORCO 5/325MG PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List, Opioids for Chronic Pain Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids topic Page(s): 80.

Decision rationale: As noted in page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case; however, the applicant is off work. There have been no concrete or tangible improvements in pain or function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.