MAXIMUS Federal Services

Case Number:	CM14-0001385		
Date Assigned:	01/22/2014	Date of Injury:	11/12/2010
Decision Date:	06/19/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/03/2014

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 toIndependent 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 43-year-old female who has submitted a claim for pain at foot, leg, arm, and finger; associated from an industrial injury date of 11/12/2010. Medical records from 11/19/2012 to 11/08/2013 were reviewed showing that patient complained of constant sharp left ankle pain, graded 4/10; and elbow pain, graded 3/10. She claims to have decreased pain, and was able to do activities of daily living. Physical examination showed paralumbar and paraspinal tenderness. Muscle testing was normal. Sensation was intact. Treatment to date has included Relafen, Norco, Prilosec, and Topamax.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10-325 MG, #180.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 79, 80, 83, 89

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 76-80, 91.

Decision rationale: Pages 76-80 and 91 of CA MTUS Chronic Pain Medical Treatment Guidelines recommend Norco for moderate to moderately severe pain. Guidelines also state

there should be documentation of the 4A's which include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. In this case, the patient has been on Norco since 11/19/2012. She reported pain relief from 5/10 to 3/10 in severity. Patient was able to perform activities of daily living with its use. Quality of life has likewise improved. The guideline criteria have been met. Therefore, the request for NORCO 10-325 MG, #180.00 is medically necessary.

PRILOSEC DR 20 MG, # 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , PAGES 68-69

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20 - 9792.26 Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. The CA MTUS Chronic Pain Medical Treatment Guidelines page 68 recommends the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high-dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient has been using Prilosec since 11/19/2012. The medical records reviewed show that the patient is not at risk for gastrointestinal event. Therefore, the request for Prilosec DR 20 MG is not medically necessary.