

Case Number:	CM14-0006620		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2007
Decision Date:	06/26/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/17/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma. 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 51-year-old male who reported an injury on 05/10/2007 due to cumulative trauma while performing normal job duties. The injured worker's chronic pain was managed with multiple medications. The injured worker was evaluated on 12/23/2013. It is documented that the injured worker had ongoing debilitating pain of the lumbar spine. Objective findings included tenderness to palpation of the cervical spine, right elbow, bilateral shoulders, and lumbar spine. It was noted that the injured worker had decreased range of motion secondary to pain. The injured worker's most recent medication schedule included Norco 10/325 mg, Prozac 20 mg, Xanax 1 mg, Anaprox 550 mg, Prilosec 20 mg, Cialis 20 mg, Ambien 10 mg, Remeron 15 mg, and Dendracin topical analgesic. The injured worker's diagnoses included lumbar degenerative disc disease, cervical spine sprain/strain, bilateral upper extremity radiculopathy, thoracic spine sprain/strain, reactionary depression/anxiety/sleep disorder, elbow acute inflammatory process, and medication induced gastritis. A request was made for a refill of medications to include Norco, Anaprox, Prilosec and Dendracin lotion and Prozac.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Manag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Norco 10/325 mg #240 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit and quantitative assessment of pain relief, a quantitative assessment of pain relief, manage side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 2007. However, there is no documentation that the injured worker is a regularly monitored for aberrant behavior or is engaged in a pain contract. Additionally, the clinical documentation fails to identify significant pain relief or functional benefit as a result of medication usage. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #240 is not medically necessary or appropriate.

PRILOSEC 20MG QUANTITY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68.

Decision rationale: The requested Prilosec 20 mg quantity #60 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectant be supported by ongoing assessments to determine the injured worker's risk factors for developing gastrointestinal events related to medication usage. The clinical documentation does indicate that the injured worker is diagnosed with medication induced gastritis. However, the injured worker's most recent clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at continued risk for developing gastrointestinal events related to medication usage. Therefore, ongoing use of this medication would not be supported. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Prilosec 20 mg quantity #60 is not medically necessary or appropriate.