

Case Number:	CM14-0100735		
Date Assigned:	07/30/2014	Date of Injury:	01/06/2004
Decision Date:	09/23/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old male with a 1/6/14 date of injury, and spine surgery 2006. At the time (5/23/14) of request for authorization for Tamsulosin 0.4mg #30 with 3 refills, Lansoprazole 30mg #60 with 3 refills and Norco 10/325mg #120 with 3 refills, there is documentation of subjective (neck pain) and objective (restricted range of motion) findings. The current diagnoses are chronic neck pain. The treatment to date includes medications (including ongoing treatment with Norco since at least since 1/22/14, Lansoprazole, and Tamsulosin). Medical reports identify that medications "cut the edge only." Regarding Tamsulosin, there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Tamsulosin is indicated (benign prostatic hypertrophy (BPH)). Regarding Lansoprazole, there is no documentation of risk for gastrointestinal event. Regarding Norco, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tamsulosin 0.4mg #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, inc, 2010, page 34.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/tamsulosin.html>.

Decision rationale: MTUS and the Official Disability Guidelines do not address this issue. Medical Treatment Guideline identifies documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Tamsulosin is indicated (benign prostatic hypertrophy (BPH)), as criteria necessary to support the medical necessity of Tamsulosin. Within the medical information available for review, there is documentation of a diagnosis of chronic neck pain. In addition, there is documentation of ongoing treatment with Tamsulosin. However there is no documentation of a condition/diagnosis (with supportive subjective/objective findings) for which Tamsulosin is indicated (benign prostatic hypertrophy (BPH)). Therefore, based on guidelines and a review of the evidence, the request for Tamsulosin 0.4mg #30 with 3 refills is not medically necessary.

Lansoprazole 30mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of chronic neck pain. In addition, there is documentation of Lansoprazole. However there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for Lansoprazole 30mg #60 with 3 refills is not medically necessary.

Norco 10/325mg #120 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of chronic neck pain. In addition, there is documentation of ongoing treatment with Norco. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation that medications "cut the edge only," there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #120 with 3 refills is not medically necessary.