

Case Number:	CM14-0100976		
Date Assigned:	07/30/2014	Date of Injury:	02/05/2004
Decision Date:	09/23/2014	UR Denial Date:	06/17/2014
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 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 February 5, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated June 17, 2014, the claims administrator failed to approve request for naproxen, Norco, and omeprazole. The applicant's attorney subsequently appealed. In a June 2, 2014 progress note, the applicant reported persistent complaints of low back pain with hyposensorium about the left leg. Diminished range of motion was noted about the lumbar spine. The applicant had apparently fallen, it was stated, owing to issues with sciatica. The applicant was asked to pursue a repeat epidural steroid injection. A driver and medical transportation were sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant had undergone a previous epidural injection on April 22, 2014. On April 24, 2014, the applicant again presented with persistent complaints of low back pain radiating into left leg. Epidural steroid injection therapy was sought. Naproxen, Norco, and omeprazole on an as-needed basis were endorsed. There was no discussion of medication efficacy on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, qty 60 per month for 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic. MTUS 9792.20f Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear evidence of medication efficacy established as a result of ongoing naproxen usage. The applicant is off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioids such as Norco and epidural steroid injection therapy. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request for Naproxen is not medically necessary.

Norco 7.5/325mg, qty 60 per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: As noted on 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 attending provider has not recounted any tangible decrements in pain or improvements in function achieved as a result of ongoing Norco usage. If anything, the information on file suggests that the applicant's pain complaints are heightened from visit to visit, as opposed to reduced. The applicant is having difficulty performing even basic activities of daily living, such as walking. The applicant does not appear to be working. All of the above, taken together, do not make a compelling case for continuation of Norco usage. Therefore, the request for Norco is not medically necessary.

Omeprazole 20mg, qty 60 per month for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Chapter: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic 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 omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, raised on any of the progress notes in question. Therefore, the request for Omeprazole is not medically necessary.