

Case Number:	CM14-0011312		
Date Assigned:	02/21/2014	Date of Injury:	08/19/2004
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/28/2014

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 Medicine and is licensed to practice in Texas. 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 44 year old male who is reported to have sustained work related injuries on 08/19/04. The record contains no information regarding the mechanism of injury. The most recent clinical note is dated 01/28/14. On this date, the injured worker was seen in follow up and has complaints of low back pain graded as 6/10. He reports that he has difficulty with pain control after a day of work. He is reported to have low back pain with radiation into the lower extremities and has difficulty with prolonged standing, sitting, or walking. He reports an upset stomach due to medication use. The record refers to an MRI of the lumbar spine dated 08/03/12. This study reports a 1-2mm diffused disc bulge at L4-5 causing thecal sac narrowing and partial narrowing of the central canal. There is ligamentum flavum hypertrophic and bilateral neuroforaminal narrowing. There was perineural effacement of the exiting nerve root. The disc comes in partial contact with the traversing nerve root at this level. Additionally, at L5-S1, there is a 1-2mm diffused bulge with no recurrent compression noted. There is a 1mm bulge at L2-3 and 1-2mm diffused bulge at L3-4 with no evidence of nerve compromise or impingement. On 09/19/12, EMG/NCV studies were performed of the bilateral lower extremities. This study is reported to be negative for lumbar radiculopathy on either side and negative for polyneuropathy. On physical examination, muscle strength and hip flexion is 4/5 due to low back pain. Sensation is altered over the top of the left foot in the L5 dermatome; no definite decreased sensation is noted. Gait is reported to be slow due to low back pain. On examination of the lumbar spine, there is slight to moderate paralumbar muscle tenderness and muscle spasm more on the right than left. Straight leg raise is reported to be positive on the left. Current medications are reported to include Norco, Naproxen Sodium 550mg, and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF VICODIN #60: Upheld

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

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

Decision rationale: The submitted clinical records indicate that the injured worker is a 44 year old male who is reported to have sustained lumbar injuries as a result of work activity of 08/19/04. The submitted clinical records indicate that the injured worker has chronically been maintained on this medication. The records provide no data to establish that this medication has been efficacious in the treatment of the injured worker's low back pain. There is no data provided indicating that there are functional improvements as a result. Additionally, it would be noted that there is no indication that a chronic pain management contract has been signed or that the injured worker undergoes urine drug screening for compliance. As such, the injured worker would not meet criteria for CA MTUS for the continued use of this medication.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NAPROXEN SODIUM 550MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for Naproxen Sodium 550mg is recommended as medically necessary. The submitted clinical records indicate that the injured worker has chronic pain and inflammation associated with the workplace injury occurring on 08/19/04. The records indicate that the injured worker is working in a full time capacity and, as such, has increased pain and inflammation as a result. The continued use of this medication would be supported under CA MTUS.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF OMEPRAZOLE 20MG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: The request for Omeprazole 20mg is supported as medically necessary. Per the submitted clinical records, the injured worker has chronic pain associated with the workplace injury and is maintained on oral medications. The records indicate that the injured worker has documented medication induced gastritis for which Omeprazole 20mg would be clinically indicated. As such, the request is therefore medically necessary to treat the side effects of oral medications.