MAXIMUS Federal Services

Case Number:	CM14-0012680		
Date Assigned:	04/09/2014	Date of Injury:	09/12/2007
Decision Date:	05/27/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/31/2014

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 and Rehabilitation & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and 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 62-year-old female who reported an injury on 09/12/2007. The mechanism of injury was not provided in the medical records. Her symptoms included pain to the neck with radicular symptoms into the arms. Examination of the cervical spine revealed flexion of 50 degrees, extension, 60 degrees, and rotation to the right and left at 65 degrees. There was also tightness in the lumbar paraspinal musculature. The injured worker was diagnosed with degeneration of cervical intervertebral disc. Past medical treatment included oral medications. Diagnostic studies were not included in the medical records. On 11/06/2013, a request for naproxen, Norco, and Prilosec was made. The rationale for the requested service was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 550MG, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68.

Decision rationale: According to California MTUS Guidelines, naproxen is a nonsteroidal anti-inflammatory drug used for the relief of the signs and symptoms of osteoarthritis. Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s are recommended for the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The documentation submitted for review indicated the injured worker was taking Anaprox for inflammation. Her current medications were noted to be helpful in providing pain relief. However, the documentation submitted for review failed to provide evidence of objective improvement in function with the use of Anaprox. The documentation also indicated the injured worker has been taking the requested medication for an extended period of time. As guidelines state NSAIDs are recommended for the lowest dose for the shortest period in patients with moderate to severe pain, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Therefore, the request for Anaprox 550 mg #240 is not medically necessary and appropriate.

NORCO 10/325MG, #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: According to California MTUS Guidelines, the ongoing management of patients taking opioid medications should include detailed documentation of pain relief, functional status, and the "4 As" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation submitted for review indicated the injured worker was taking Norco as needed for pain. The injured worker also indicated her current medications were helpful in providing pain relief. However, the documentation failed to provide evidence of objective increased function with the use of opioids and whether there had been reported adverse effects. The requesting physician did not include an adequate and complete assessment of the injured workers pain. In the absence of detailed documentation as required by guidelines for the ongoing use of opioid medications, the request is not medically necessary and appropriate. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Norco 10/325 mg #360 is not medically necessary and appropriate.

PRILOSEC 20MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), GI Symptoms & Cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy. The documentation submitted for review indicated the injured worker was taking Prilosec for gastritis secondary to NSAID intake. The injured worker was noted to be taking Anaprox. However, the documentation failed to provide evidence of dyspepsia. It was unclear if the injured worker was at risk for gastrointestinal events. It was unclear if the injured worker had a history of peptic ulcer, GI bleeding, or perforation. Therefore, in the absence of documentation of gastrointestinal disorders or complaints of dyspepsia secondary to NSAID therapy, the request is not supported. Additionally, the request as submitted failed to indicate the frequency in which this medication is to be taken. Given the above, the request for Prilosec 20 mg #120 is not medically necessary and appropriate.