MAXIMUS Federal Services

Case Number:	CM14-0016094		
Date Assigned:	07/02/2014	Date of Injury:	11/08/2000
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/07/2014

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, 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:

This 51-year-old patient sustained an injury on 11/8/2000 while employed by [redacted]. The Request under consideration include one (1) prescription of Norco 7.5/325mg #120 and one (1) prescription of Prilosec/Omeprazole 20mg. The diagnoses include lumbar radiculopathy, chest wall pain; falls due to left leg weakness, pain and spasm., and gastroesophageal reflux disease (GERD) due to use of pain medication. The patient has been declared permanent & stationary and continues to treat for chronic symptoms. Report of 1/10/14 from the provider noted the patient has ongoing chronic low back pain. The exam showed slow gait; slight moderate paralumbar muscle spasms; reduced lumbar rang of motion in all planes; positive straight leg raise on left at 70 degrees sitting position; and mild tenderness of medial aspect of anterior chest wall. Conservative treatment has included medications consisting of opioids, non-steroidal anti-inflammatory drugs (NSAIDs), Soma and proton pump inhibitors. The request for one (1) prescription of Norco 7.5/325mg #120 was modified for quantity of #90 and one (1) prescription of Prilosec/Omeprazole 20mg was non-certified on 1/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco 7.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 74-96.

Decision rationale: The request for one (1) prescription of Norco 7.5/325mg #120 was modified for quantity of #90 on 1/17/14 to assist in tapering off the narcotic. Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this 2000 injury. As such, the prospective request for one (1) prescription of Norco 7.5/325mg #120 is not medically necessary and appropriate.

Prospective request for one (1) prescription of Prilosec/Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior gastrointestinal (GI) bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers, none of which apply to this patient. Submitted reports have not described or provided any confirmed GI diagnosis of erosive esophagitis or hypersecretion diseases that meets the criteria to indicate medical treatment in a patient not taking non-steroidal anti-inflammatory drugs (NSAIDs). Review of the records show no documentation of any history, symptoms, clinical findings to warrant this medication. Threfore, the prospective request for one (1) prescription of Prilosec/Omeprazole 20mg is not medically necessary and appropriate.