

Case Number:	CM14-0113984		
Date Assigned:	09/18/2014	Date of Injury:	08/15/2011
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/21/2014

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 is a 61-year-old female with an 8/15/11 date of injury. The mechanism of injury occurred when she slipped and tried to prevent from falling and hit her shoulder on the bathroom door. According to a progress report dated 7/18/14, the patient was there for follow-up, she reported dropping objects with both hands and that she trips over her left foot/ankle due to foot drop. She said she had an unstable gait. Objective findings: limited cervical ROM, strength testing of left deltoid 4/5, biceps and wrist extensors 4/5, and triceps 4/5. Diagnostic impression: thoracic/lumbosacral neuritis, spinal stenosis, acquired spondylolisthesis, cervical spondylosis with myelopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 7/11/14 modified the request for Norco from 180 tablets to 90 tablets and Tramadol from 30 tablets to 15 tablets for weaning purposes and denied the request for Prilosec. Regarding Norco and Tramadol, there is no documented symptomatic or functional improvement from previous usage. Regarding Prilosec, there is no documentation of GI distress symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of moderate to severe pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, urine drug screen reports dated 3/5/14 and 7/24/14 were inconsistent for Hydrocodone use. There is no documentation that the provider has addressed this issue. Therefore, the request for Norco 10/325mg QTY: 180 is not medically necessary.

Tramadol 150mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of moderate to severe pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, urine drug screen reports dated 3/5/14 and 7/24/14 were inconsistent for Tramadol use. Therefore, the request for Tramadol 150mg QTY: 30.00 is not medically necessary.

Prilosec 20mg QTY:60.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding proton pump inhibitors (PPIs); non-steroidal anti-inflam.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in

treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is documented that the patient is taking the NSAID, naproxen. Guidelines support the prophylactic use of omeprazole for patients utilizing chronic NSAID therapy. Therefore, the request for Prilosec 20mg QTY: 60.00 is medically necessary.