MAXIMUS Federal Services

Case Number:	CM14-0120139		
Date Assigned:	08/06/2014	Date of Injury:	09/23/2006
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Internal Spine 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 patient is a 55 years old male with an injury date on 09/23/2006. Based on the 06/20/2014 progress report provided by [redacted], the diagnoses are: 1. Status post traumatic fall. 2. Status post thoracic and lumbar spinal instrumentation. 3. Status post left acetabular fracture and open reduction internal fixation of the fracture through and ilioinguinal approach. 4. Chronic pain syndrome. 5. Prescription narcotic dependence. 6. Thoracic spine strain. 7. Lumbar spine strain. According to this report, the patient complains of low abdominal and groin pain, and some low back pain. The patient's current pain score is 8/10, without pain medications and 3/10 with pain medications. The 02/10/2014 report indicated the patient's current pain score without pain medications is 7/10 and with pain medications pain score is 3/10. The 01/09/2014 mentions the patient does home exercises, goes for walk, and do most chores around the house. The patient has problems doing activities such as kneeling, bending, stooping, squatting, and sitting and standing for any period of time. When he does have to sit for any period of time, he frequently alternates with standing. He does have some hobbies; he plays poker and watches sports programs on TV. The patient's current medications list was not provided in the report. There were no other significant findings noted on this report. [redacted] is requesting Norco 10/325mg and Prilosec 20mg #30.The utilization review denied the request on 07/10/2014. [redacted] is the requesting provider, and he provided treatment reports from 01/09/2014 to 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids in musculoskeletal pain.

Decision rationale: According to the 06/20/2014 report by [redacted], this patient presents with low abdominal and groin pain, and some low back pain. The treating Physician requested Norco 10/325mg. The patient has been taking Norco since 01/09/2014. MTUS Guidelines require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications. In this case, the report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, the request is not medically necessary.

Prilosec 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69).

Decision rationale: According to the 06/20/2014 report by [redacted] this patient presents with low abdominal and groin pain, and some low back pain. The treating Physician requested Prilosec 20mg #30 and was first mentioned in the report on. 01/09/2014 The MTUS Guidelines state, "Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, Acetylsalicylic Acid (ASA), history of Peptic Ulcer Disease (PUD), gastritis, etc." Upon review of the report, the patient does not show signs of having gastrointestinal side effects with medication use. There is also no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Therefore, the request is considered not medically necessary.