

Case Number:	CM14-0134542		
Date Assigned:	08/27/2014	Date of Injury:	08/13/2001
Decision Date:	10/20/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational Medicine 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 56 year old injured worker had a date of injury on 8/13/2001. The mechanism of injury was not noted. In a progress noted dated 7/15/2014, subjective findings included low back pain, which is sharp, stabbing, and burning. Pain radiates into the bilateral buttock, lateral thigh. There is lower extremity numbness, tingling, weakness, heaviness, mild spasm. On a physical exam dated 7/15/2014, objective findings included tenderness to palpation of paralumbar region, well developed, well nourished. Atrophy is present in quadriceps, and range of motion (ROM) of spine is limited secondary to pain. Diagnostic impression shows lumbar disc displacement, lumbar radiculopathy, and low back pain. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 8/11/2014 denied the request for Norco 10/325 #180, stating no functional improvement noted from regimen. Vimovo 500/20mg #60 was denied; however the rationale could not be located in records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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 viewed, there was no documented objective functional improvement noted with the opioid regimen. In a 7/5/2014 progress report, it was noted that the pain has not improved. Therefore, the request for Norco 10/325 #180 is not medically necessary.

Vimovo 500/20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Vimovo

Decision rationale: MTUS and ODG do not apply. FDA state that "Vimovo is a combination of Naproxen 500mg and Esomeprazole 20mg used to treat pain and inflammation and to protect the stomach from symptoms associated with NSAID use." In the reports viewed and in progress report dated 7/15/2014 it was noted that the pain has not improved. Furthermore, there was no discussion regarding why this patient could not use Naproxen 500mg and Nexium 20mg and why he requires this combination. Therefore, the request for Vimovo 500/20mg #60 is not medically necessary.