

Case Number:	CM14-0153917		
Date Assigned:	09/23/2014	Date of Injury:	10/09/2001
Decision Date:	12/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology; has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old female with a 10/9/01 date of injury. At the time (8/15/14) of request for authorization for Norco 10/325mg #90, Aciphex 20mg #30 1 refill, and Atenolol 25mg #30 2 refills, there is documentation of subjective (low back pain and nausea) and objective (tenderness to palpitation over the left lower quadrant of the abdomen and decreased range of motion of the lumbar spine) findings, current diagnoses (brachial neuritis and neuralgia neuritis, lumbago and thoracic radiculitis), and treatment to date (medications (including ongoing treatment with Norco, Aciphex, Lisinopril and Hydrochlorothiazide since at least 3/11/14)). Medical reports identify that the medications have provided functional improvement by allowing the patient to walk for periods longer than 10 minutes, feed the animals, and drive the car; and Atenolol is prescribed for hypertension. Regarding Norco 10/325mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Aciphex 20mg #30 1 refill, there is no documentation of risk for gastrointestinal events. Regarding Atenolol 25mg #30 2 refills, there is no documentation of lifestyle (diet and exercise) modification and failure of initial therapy with second addition of calcium channel blockers.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis and neuralgia neuritis, lumbago and thoracic radiculitis. In addition, given documentation of ongoing treatment with Norco and that the medications have provided functional improvement by allowing the patient to walk for periods longer than 10minutes, feed the animals, and driving the car, there is no documentation of functional benefit and improvement as an increase in activity tolerance as a result of Norco use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #90 is not medically necessary.

Aciphex 20mg #30 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the

medical information available for review, there is documentation of diagnoses of brachial neuritis and neuralgia neuritis, lumbago and thoracic radiculitis). However, despite documentation of (nausea) and objective (tenderness to palpation over the left lower quadrant of the abdomen) findings, there is no documentation of risk for gastrointestinal events (history of peptic ulcer or GI bleeding or perforation). Therefore, based on guidelines and a review of the evidence, the request for Aciphex 20mg #30 1 refill is not medically necessary.

Atenolol 25mg #30 2 refills: 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 Official Disability Guidelines (ODG) antihypertensive, Atenolol

Decision rationale: MTUS does not address this issue. ODG identifies documentation of hypertension after lifestyle (diet and exercise) modification. In addition, ODG identifies documentation of failure of initial therapy with Renin-Angiotensin-Aldosterone system blockers, second addition of calcium channel blockers, third addition of Thiazide diuretics, as criteria necessary to support the medical necessity for Metoprolol. Within the medical information available for review, there is documentation of diagnoses of brachial neuritis and neuralgia neuritis, lumbago and thoracic radiculitis. In addition, there is documentation of hypertension. Furthermore, given documentation of ongoing treatment with Lisinopril and Hydrochlorothiazide there is documentation of failure of initial therapy with Renin-Angiotensin-Aldosterone system blockers, and third addition of Thiazide diuretics. However, there is no documentation of lifestyle (diet and exercise) modification. In addition, there is no documentation of failure of initial therapy with second addition of calcium channel blockers. Therefore, based on guidelines and a review of the evidence, the request for Atenolol 25mg #30 2 refills is not medically necessary.