

Case Number:	CM14-0154288		
Date Assigned:	09/23/2014	Date of Injury:	08/06/2004
Decision Date:	11/20/2014	UR Denial Date:	08/26/2014
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 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 patient is 45 years old female who developed chronic upper extremity pain subsequent to a CT injury dated 8/6/04. She underwent bilateral rotator cuff surgery and bilateral ulnar nerve decompression without improvement in pain. Subsequently the treating physician opinion that these were not beneficial because the pain was radicular from her neck and not from the areas operated on. She has also developed persistent low back pain subsequent to a MVA while traveling for a QME exam. The current prescribing physician evaluated her on 3/28/14 and documented medications that included oral Morphine Sulfate. The urine drug screen from 3/28/14 revealed the use of Buprenorphine and not Morphine Sulfate. This discrepancy was not discussed or reviewed in the subsequent narratives. There is no documentation of pain relief or functional benefits from the current opioid use. The need for procedures and injections does not appear to be diminished by the current medications. Medications are office dispensed. There is noted to be gastritis from the medications, but there is no documentation supportive of the double dosing of the medication that is dispensed for this condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-80.

Decision rationale: MTUS supports judicious use of Opioids if there is responsible prescribing that includes adequate documentation of pain and functional benefits. There is no documentation of the specific use patterns of the Norco, the extent of benefits and the length of benefits. In addition, there has been no follow up regarding the prior unexpected drug testing results and it is not clear if pain mediations are being provided by another physician for her other serious medical condition. Under the circumstances the continued use of Norco is not Guideline supported. The Norco 10/325mg #120 is not medically necessary.

Anaprox DS 550mg #60: Overturned

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
Page(s): 67-68.

Decision rationale: MTUS Guidelines supports the careful use of NSAID's if there is an inflammatory condition. This patient qualifies for the use of NSAID medications and the MTUS Guidelines do not have the same standards of documentation that is recommended for Opioid medications. Even though documentation of benefits is minimal, Guidelines do not recommend discontinued use under these circumstances. The Anaprox DS 550mg. #60 is medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and GI symptoms Page(s): 68.

Decision rationale: MTUS Guidelines supports the use of Prilosec 20 mg per day if there are GI risk factors or gastric symptoms associated with mediations. The standard dose of this medication is 20mg. per day and higher doses are not recommended for the documented condition. Under these circumstances MTUS Guidelines do not support the amount dispensed at 40mg. per day (2/day of 20mg) and there are not unusual circumstances to justify an exception to Guidelines. This is not a benign mediation with long term use associated with increased hip fractures, increased lung infections and biological metal(s) deregulation. The double dosing of 20mg #60 is not medically necessary.

Doral 15 mg #30: 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: Doral is a benzodiazepine and MTUS Guidelines do not recommend that this class of drugs be utilized for long-term use beyond a 4 week time span. ODG Guidelines provide additional details regarding benzodiazepines that are utilized as hypnotics. ODG Guidelines do not recommend long-term use of Doral. There are no unusual circumstances to justify an exception to Guidelines. The Doral 15mg #30 is not medically necessary.