

Case Number:	CM14-0170613		
Date Assigned:	10/23/2014	Date of Injury:	08/09/2006
Decision Date:	12/15/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 61 year old female with a date of injury on 8/9/2006. Subjective complaints are of radiating neck pain rated at 5/10, and low back pain that radiates to the bilateral lower extremities. Patient also has gastric complaints due to medications. Physical exam showed cervical paraspinal tenderness and trigger points, with decreased range of motion. There was decreased range of motion in the left shoulder and decreased sensation over the left forearm. The patient had an antalgic gait, tender lumbar paraspinal muscles, decreased range of motion, and positive left straight leg raise test. Prior treatment includes anterior cervical discectomy and fusion in 2009, lumbar fusion in 2011, spinal cord stimulator implantation in 2011, medications, and physical therapy. Medications include MS Contin 15 mg three times a day, Norco 10/325mg 6-8 tablets as day, Prilosec, Soma, nortriptyline, and Topamax. Submitted records indicate that the patient was able to perform daily activities and had improvement of pain with use of medications. There is also evidence that the patient is being weaned from MS Contin 30mg to 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. Records indicate that the patient was using Prilosec to prevent gastric distress. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.

Retro Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screens, attempts at weaning, risk assessment, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.