

Case Number:	CM14-0172311		
Date Assigned:	10/23/2014	Date of Injury:	02/20/2002
Decision Date:	11/25/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Emergency 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:

The injured worker is a 45 year-old male, who sustained an injury on February 20, 2002. The mechanism of injury is not noted. Diagnostics included October 7, 2014 drug screen reported as showing positive for Hydrocodone and Hydromorphone. Treatments have included: physical therapy, medications. The current diagnoses are: lumbosacral disc displacement, nerve root irritation, myofasciitis, and gastritis. The stated purpose of the request for Omeprazole 20mg #60 was not noted. The request for Omeprazole 20mg #60 was modified for QTY # 30 on October 7, 2014, noting GI distress symptoms and guideline recommendations for once daily dosage. The stated purpose of the request for Norco 10/325mg #120 was not noted. The request for Norco 10/325mg #120 was modified for QTY # 108 on October 7, 2014, citing a lack of documentation of functional improvement and measures of opiate surveillance. Per the report dated October 7, 2014, the treating physician noted complaints of low back pain with radiation to the left hip and pins and needles sensation to the toes. Exam findings included paralumbar myospasm, normal motor strength and sensory exam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: The requested Omeprazole 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has low back pain with radiation to the left hip and pins and needles sensation to the toes. The treating physician has documented paralumbar myospasm, normal motor strength and sensory exam. The treating physician has documented a history of medication induced GI distress symptoms but has documented the medical necessity for proton pump inhibitor treatment beyond the guideline recommended daily dosage of 20 mg. The criteria noted above not having been met, Omeprazole 20mg #60 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 10/325mg #120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation to the left hip and pins and needles sensation to the toes. The treating physician has documented paralumbar myospasm, normal motor strength and sensory exam. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment or objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.