

Case Number:	CM14-0173286		
Date Assigned:	10/24/2014	Date of Injury:	12/08/2013
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/20/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 12/01/2013 due to an unknown mechanism. A physical examination on 09/17/2014 revealed complaints of persistent low back pain. The injured worker reported due to persistent low back pain he had severe nausea and vomiting which resulted in his right eye bleeding due to the vomiting and he recently had surgery for it. It was reported that the injured worker had tried hydrocodone in the past which helped for his back pain and also for nausea associated with back pain. The injured worker reported nausea and vomiting associated with low back pain. He also requested a wheelchair for mobility. The provider encouraged the use of a rolling walker. The injured worker was also prescribed Omeprazole due to possible reflux which may have contributed to the nausea and vomiting. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The decision for Omeprazole 20mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule recommends clinicians to determine if the patient is at risk for gastrointestinal events which include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. The injured worker was started on omeprazole 09/17/2014. There were no follow up clinical notes to report the efficacy. It was reported that the injured worker had nausea and vomiting secondary to back pain. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Hydrocodone 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 51,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The decision for hydrocodone 5/325 quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule states hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4A's for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The efficacy of this medication was not reported. The 4A's for ongoing monitoring of an opioid medication were not reported. There was no aberrant drug taking behavior reported. There was a lack of documentation of objective functional improvement. Furthermore, the request does not indicate a frequency for the medication. This request is not medically necessary.