

Case Number:	CM14-0174819		
Date Assigned:	10/28/2014	Date of Injury:	06/14/2014
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/22/2014

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 Family 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:

Patient had a date of injury on 6/24/2014. The patient injured her lower back while picking up a box weighing 15-20 pounds. The patient was prescribed Omeprazole, Naproxen, Norco, and topical analgesic. X-ray of the lumbar spine on 6/16/2014 was documented normal. Patient has had physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: According to guidelines it states NSAIDS should be used for a short duration. The patient shows no improvement while being on Naproxen. Acetaminophen is also recommended as fist line therapy. There is no mention of Acetaminophen. Based on this Naproxen is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI symptom.

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

Decision rationale: Omeprazole was being used with Naproxen. Naproxen has not been shown to be medically necessary and thus Omeprazole is not medically necessary.

Hydrocodone 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-86.

Decision rationale: Based on guidelines it states first line treatment should be used prior to opioids. Norco should only be used for moderate pain and it should be documented as improved pain. According to the medical records the patient shows no improvement with Norco and thus is not medically necessary.