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| Case Number: | CM14-0185910 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 04/02/2012 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Internal 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 (IW) is a 26-year-old woman with a date of injury of April 2, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the clinical note dated October 8, 2014, the IW complains of constant mid back and low back pain. She reports that this month, the Tramadol has not been effective; stating some days it works and other days it doesn't. She asked the provider for "something different". She reports that the Amitriptyline does help her with sleep when she takes it at night. Prilosec helps with stomach upset. Objective physical findings indicate no change. The IW was diagnosed with mid back pain, and low back pain. Current medications include Prilosec 20mg, Amitriptyline 10mg, and Norco 5/325mg, which was prescribed on October 8, 2014. Previously, the IW was taking Ultracet 37.5/325mg in April of 2014 and Tramadol 50mg #200 on August 6, 2014. The IW asked for "something else" to replace the Tramadol at the October 8, 2014 office visit. She was prescribed Norco at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325 mg #90 is not medically necessary. Chronic ongoing opiate use requires an ongoing review documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's date of injury was 2012. The injured worker has been taking other opiates long-term. The documentation shows the injured worker was taking Ultracet 37.5/325 mg in April 2014. This was changed to Tramadol 200mg on August 6, 2014. The tramadol was ineffective for pain relief. The documentation does not address pain relief or objective functional improvement as a consequence of long-term opiate use. Consequently, Norco 5/325mg #90 is not clinically indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norco 5/325 mg #90 is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in patients at risk for certain gastrointestinal events or cardiovascular events. These risks include, but are not limited to age greater than 65 years; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin, steroids and/or anticoagulants; or multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker did not have any co-morbid conditions or past medical history compatible with practical to disease, G.I. bleeding, concurrent use of aspirin, steroids are multiple anti-inflammatory drug use or any other risk factors for gastrointestinal or cardiovascular events. Consequently, Prilosec 20 mg #30 is not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, Prilosec 20 mg #30 is not medically necessary.