

Case Number:	CM14-0020306		
Date Assigned:	04/25/2014	Date of Injury:	12/02/2012
Decision Date:	07/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 53 year old female who reported an injury on 12/02/2012 secondary to a motor vehicle accident. The diagnoses included chronic cervical spine, lower back and hip pain. The injured worker was evaluated on 12/17/2013 for reports of neck pain radiating to the upper extremities rated at 10/10 without medication and 5-6/10 pain with medications and lower back pain radiating to the lower extremities rated at 7/10. The exam noted the injured worker is moving better. The treatment plan included medication therapy and pool therapy. The request for authorization dated 12/31/2013 is in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO 10/325MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for prescription of Norco 10/325mg, #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief,

functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured workers functional status, evaluation of risk for aberrant drug use behavior and side effects. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

PRESCRIPTION OF NAPROXEN 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids (Non-Steroidal Anti-Infammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: The request for prescription of Naproxen 550mg, #60 is not medically necessary. The California MTUS Guidelines state the use of NSAIDs is recommended as an option for short-term symptomatic relief of back pain. However, there is a lack of clinical evidence in the documentation provided of the level of pain relief. The injured worker has also been prescribed an NSAID since at least 07/11/2013. This exceeds the time frame to be considered short-term. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.

PRESCRIPTION OF OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms And Cardiovascular Risk.

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

Decision rationale: The request for prescription of omeprazole 20mg, #60is not medically necessary. The Caliornia MTUS Guidelines recommend the use of proton pump inhibitors when the patient is at intermediate risk for gastrointestinal events and on NSAIDs. The injured worker has been on NSAIDs, however, the request for continued prescription has been non-certified and there is no evidence in the documentation provided of a risk for gastrointestinal events. Therefore, the request is not medically necessary and appropriate.