MAXIMUS Federal Services

Case Number:	CM14-0021149		
Date Assigned:	02/21/2014	Date of Injury:	08/15/2009
Decision Date:	06/26/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/20/2014

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 Family Practice 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 47-year-old female who reported an injury on 08/15/2009. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 01/27/2014 reported the injured worker complained of pain in the left knee with prolonged walking. The clinical documentation submitted is largely illegible. The provider requested for omeprazole 20 mg #30, and for Norco 10/325 mg #90. The Request for Authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OMEPRAZOLE 20MG #30 FOR DOS 1/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: The request for retrospective omeprazole 20 mg #30 for date of service 01/27/2014 is not medically necessary. The injured worker complained of pain in the left knee with prolonged walking. The California MTUS Guidelines recommend that clinicians utilize the following criteria to determine the if the injured worker is at risk for gastrointestinal events,

including: over the age of 65 years old, a history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulants. The guidelines note the medication is used for the treatment of dyspepsia secondary to NSAID therapy. The medical documentation submitted did not indicate the injured worker had gastrointestinal symptoms. There was a lack of documentation indicating the injured worker to be at risk for peptic ulcer, GI bleed or perforation. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the retrospective request for omeprazole 20 mg #30 for date of service 01/27/2014 is not medically necessary.

RETROSPECTIVE NORCO 10/325MG #90 FOR DOS 1/27/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for retrospective Norco 10/325 mg #90 for date of service 01/27/2014 is not medically necessary. The injured worker reported pain in the left knee with prolonged walking. The clinical documentation submitted was largely illegible. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also note a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines also recommend the use of a urine drug screen or inpatient treatment with use of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided in the documentation submitted. The request as submitted failed to provide the frequency of the medication. Therefore, the request for retrospective Norco 10/325 mg #90 for date of service 01/27/2014 is not medically necessary.