

Case Number:	CM14-0024096		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2003
Decision Date:	07/15/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	02/25/2014

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 Occupational 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 patient is a 30 y/o female, DOI 9/8/03. She has developed chronic low back pain which increased after a 2 level lumbar fusion. She has been diagnosed with post laminectomy syndrome. She is being treated with multiple analgesic medications and an implanted spinal cord stimulator. She is seen on a monthly basis and analgesic medications are office dispensed. Her current medications for pain management are documented to be: Dendracin, Ambien 10mg nightly, Durgesic 12.5 +24mcg/24 hrs q 2 days, Flexeril 10mg. q 6hrs, Norco 10/325 q 4hrs prn, Prilosec 20mg qd, Senokot BID, Topomax 100mg BID, Dilaudid 4mg. TID prn. Medications for pre-existing anxiety are prescribed by a Psychiatrist and reported to be Prozac, Cymbalta and Ativan. The Prilosec is reported to be utilized at 1 capsule per day, but enough for 2 per day (60/mo) have been dispensed for over the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI risk Page(s): 68. Decision based on Non-MTUS Citation <http://www.aafp.org/afp/2012/0701/p66.html>; Adverse effects of PPI's.

Decision rationale: There is no medical substantiation to support the chronic use of Prilosec. No gastrointestinal problems or risk factors are documented to be present. No use of NSAIDS is documented. Long-term use of Prilosec is associated with increased risks for hip fractures, lung infections, stomach infection and biological metals deregulation. There is no documentation supporting the dispensing of twice the amount that is recommended in the medical records. The records do not support Prilosec as being medically necessary.

DILAUDID 4GM #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids short acting Page(s): 75.

Decision rationale: The use of more than one quick acting short half-life opioid when given in conjunction with a long acting opioid is not supported in MTUS Guidelines. Hydrocodone is being prescribed for nearly full time coverage and one of its main active metabolites is Hydromorphone. Dilaudid is also Hydromorphone. The use of both short acting opioids is not substantiated in the records as being medically necessary and there is significant overlap in their effects. Opioids are not being denied as significant long acting and short acting opioids are continuing to be authorized. Discontinued use of #30 Dilaudid per month should not cause withdrawal problems.