

Case Number:	CM14-0025196		
Date Assigned:	06/11/2014	Date of Injury:	04/27/2011
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/27/2014

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 is a 50 year old female who sustained work related injuries on 04/27/11 when she was reported to pick up a tire and felt a large pop in her low back. She was subsequently evaluated and found to have L5 compression fracture and received conservative treatment and ultimately underwent L5 kyphoplasty on 08/22/11. Despite this the injured worker continued to have significant pain. She later underwent MRI of the lumbar spine which noted facet arthropathy at L4-5 and L5-S1 and subsequently underwent medial branch blocks at these levels on 12/16/13 and had 100% relief for two hours. She later underwent left sided facet rhizotomy on 02/24/14 and reported only 20% relief from this procedure. Urine drug screen dated 06/10/13 was consistent with the medication profile. Utilization review determination dated 02/06/14 non-certified the medications Norco 10/325 #60, Celebrex 200mg #30, and omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The submitted clinical records indicate that the injured worker sustained an L5 compression fracture treated with kyphoplasty on 08/22/11. Post-procedurally the claimant still continued to have pain. She was later identified as having facet arthropathy at L4-5 and L5-S1. She underwent medial branch blocks with 100% relief for two hours and subsequently underwent left facet rhizotomies with only 20% relief. The records do not provide sufficient clinical information to establish that the injured worker meets criteria for continued use. The records fail to provide adequate documentation of efficacy of this medication. The record does not include a signed pain management contract. As such the claimant would not meet Chronic Pain Medical Treatment Guidelines criteria for continued use. Therefore the request is not medically necessary.

CELEBREX 200MG #30 WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex Page(s): 30.

Decision rationale: The request for Celebrex 200 mg # 30 is not medically necessary. The submitted clinical records indicate that the injured worker has chronic pain associated with an L5 compression fracture. Records provide no data establishing that the provision of Celebrex 200mg has resulted in any substantive improvement in pain levels. As such medical necessity does not meet the Chronic Pain Medical Treatment Guidelines for continued use of this medication is not established. Therefore is not medically necessary.

OMEPRAZOLE 20MG #30 WITH ONE (1) REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAID's) non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: The request for Omeprazole 20 mg is not medically necessary. This medication would be predicated on a diagnosis of medication induced gastritis. The record does not provide any data to establish this. Further the record fails to meet the Chronic Pain Medical Treatment Guidelines for continued use of NSAIDs and as such the medical necessity for continued use has not been established.