

Case Number:	CM14-0025297		
Date Assigned:	03/03/2014	Date of Injury:	10/10/2003
Decision Date:	06/30/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/14/2014

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 California, Tennessee, and Virginia. 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 61 year old male injured on 10/10/03 due to an undisclosed mechanism of injury. Current diagnoses include lumbago, cervicgia, thoracalgia, and lumbosacral neuritis. The documentation indicates the injured worker receives routine evaluation for ongoing low back pain, back stiffness, radicular pain in the bilateral extremities, and hip pain. The injured worker rates his pain at 7/10. Previous treatments include medication management, massage, injections, and diagnostic examinations. Physical examination revealed muscle strength 5/5, normal muscle tone, decreased sensation bilaterally to the L4, L5, S1, dermatomes, pain to the lumbosacral L1 and L2 spinous processes with range of motion, and secondary to myofascial pain with triggering and ropey fibrotic banding bilaterally. Current medications include Aspirin, Butrans 2mcg per hour, Cymbalta 60mg at night, Flexeril 10mg twice daily, Norco 10/325mg every three hours, Prilosec 20mg daily, and Wellbutrin 100mg three times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

INDERAL 20 MG #30 -1/2 TABLET ORALLY EVERY DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.rxlist.com/inderal-drug/indications-dosage.htm>

Decision rationale: Based on review of the medical records provided, the request for Inderal is not supported. Inderide is indicated in the management of hypertension. Per prior utilization review dated 12/11/13, telephone conversation between reviewer and primary care provider revealed the request from Inderal was not meant for workers' compensation insurance. It appears that this request needs to be clarified and causality needs to be addressed if required. The patient requires antihypertensives; however, prior utilization review indicates they are not related to the initial injury. As such, the request for Inderal 20 mg #30 -1/2 tablet orally every day cannot be recommended as medically necessary at this time.

NORCO 10/325 #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time.

PRILOSEC 20 MG #30 X4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK, 68-69

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Acetylsalicylic Acid (ASA), corticosteroids, and/or an

anticoagulant; or high dose/multiple non-steroidal anti-inflammatory medications (NSAID) (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for Prilosec 20 MG #30 X4 cannot be established as medically necessary.