

Case Number:	CM14-0027398		
Date Assigned:	06/13/2014	Date of Injury:	12/05/2011
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 52 year-old with a date of injury of 12/05/11. A progress report associated with the request for services, dated 12/26/13, identified subjective complaints of pain in the head, neck, low back, knees and groin. There is no mention of gastrointestinal symptoms. Objective findings included pain, tenderness and swelling of unspecified site. Diagnoses included motor vehicle collision; concussion/head trauma; and sprain/strain cervical spine. Treatment has included oral analgesics. A Utilization Review determination was rendered on 02/20/14 recommending non-certification of "1 prescription of Vicodin 10/325mg # 60 with 1 refill and 1 prescription of Prilosec 20mg #60 with 11 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 10/325MG # 60 WITH 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181, Chronic Pain Treatment Guidelines Functional Improvement Measures; Opioids Page(s): 48, 74-96.

Decision rationale: The patient is on chronic Vicodin 10/325. This is classified as an opioid analgesic in combination with acetaminophen. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS further states that opioids are not recommended for more than 2 weeks for neck complaints. The patient has been on opioids in excess of 16 weeks. In this case, there is no documentation of the other elements of the pain assessment referenced above or necessity of therapy beyond 16 weeks or specific functional improvement. Therefore, the request for Vicodin 10/325 mg #60 with one refill is not medically necessary and appropriate.

PRILOSEC 20MG #60 WITH 11 REFILLS: Upheld

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

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

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor (PPI) antacid. The Medical Treatment Utilization Schedule (MTUS) does not address their use related to medication gastrointestinal side-effects other than with NSAIDs (Non-Steroid Anti-Inflammatory Drugs). The Official Disability Guidelines (ODG) notes that PPIs are recommended for patients at risk for gastrointestinal events. It also notes that a trial of omeprazole or lansoprazole is recommended before non-generic Nexium (esomeprazole). The record does not indicate that the patient has ongoing side-effects from medications, improved with omeprazole. Therefore, the request for Prilosec 20mg #60 with 11 refills is not medically necessary and appropriate.