

Case Number:	CM14-0027562		
Date Assigned:	06/13/2014	Date of Injury:	07/27/2007
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
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 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 46 year-old female with date of injury 07/27/2007. The medical record associated with the request for authorization, a primary treating physician's progress report, dated 02/13/2014, lists subjective complaints as pain in the low back and neck. She claims associated numbness, tingling pain and weakness in the right hand. Objective findings: Examination of the cervical spine and upper extremities revealed tenderness to palpation over the bilateral cervical paraspinal muscles and decreased range of motion. Decreased grip strength in the right hand with positive Tinel's and also tenderness to palpation over the volar aspect of the right wrist. Examination of the lumbar spine revealed tenderness to palpation over the bilateral lumbar paraspinal musculature as well as decreased range of motion. Straight leg test was positive. Diagnosis: 1. Chronic neck, low back, and right shoulder pain 2. Multilevel cervical degenerative disease with 2mm disc protrusions at C4-5, C5-6, and C6-7 3. Status post right carpal tunnel release performed on 04/18/2012 with residual symptoms 4. Lumbar spine sprain/strain with evidence of 2mm disc protrusions at L3-4 and L4-5 and 3mm disc protrusion at L5-S1 5. Lumbar radiculopathy, right greater than left lower extremity. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 09/06/2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The MTUS Chronic Pain Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. As such, the request is not medically necessary and appropriate.

NAPROXEN 500MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS Chronic Pain Guidelines recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Naprosyn for an extended period of time. Therefore, the request is not medically necessary and appropriate.

OMEPRAZOLE 20MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the MTUS Chronic Pain Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. As such, the request is not medically necessary and appropriate.

SENOKOT-S #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 77.

Decision rationale: The MTUS Chronic Pain Guidelines does make provisions for the prophylactic use of laxatives to prevent constipation while patients take opioids. However, a previous authorization for a weaning dose of hydrocodone provided the patient an opportunity to stop taking narcotics. Therefore, the request is not medically necessary and appropriate.