

Case Number:	CM14-0035522		
Date Assigned:	06/23/2014	Date of Injury:	05/23/2003
Decision Date:	07/25/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old male who sustained work related injuries as a result of lifting an auto door on 05/23/2003. Subsequent to the injury low back pain is reported. The historical records indicate that on 03/02/2005 the injured worker underwent a redo laminectomy at L5-S1 on the left. He later underwent a right L4-5 laminectomy/discectomy on 06/10/08. The clinical records indicate that the injured worker subsequently developed cervical myelopathy primarily due to a large disc herniation at C5-6 which resulted in cord signal changes; physical examination was consistent with this. An anterior cervical discectomy and fusion (ACDF) at C4-5 and C5-6 on 05/30/13 is noted. Postoperatively the injured worker still has residual findings of myelopathy on physical examination. There is objective evidence of both a cervical and lumbar failed back surgery syndrome. Of note, the injured worker continues to work as an IT specialist. Visual analogue scale (VAS) scores are reported to be 4-7/10 with medications and 6-9/10 without. Per a letter of appeal from the treating physician, it is noted that a previous utilization review request for Norco 10/325 was reduced to 192 tablets per month. A reduction of Norco from 8 to 6 caused a subsequent reduction in function and increased frustration due to uncontrolled pain. It is noted that while the injured worker exceeds 120 mg Morphine Equivalent Dose (MED), he remains very functional including working full duty. There is a recommendation to increase OxyContin and reduce his Norco; however, the injured worker feels he will be more sedated on the higher dose and would like to continue on his current medication regimen. It is further noted that due to chronic use of medications, medication induced gastritis resulted. The record includes a utilization review determination dated 03/08/14 in which the request for Norco 10/325 was reduced to 192 tablets and a request for Prilosec 20 mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #240: Overturned

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

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

Decision rationale: The request for Norco 10/325 #240 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has both a failed cervical and lumbar surgery syndrome. He was noted to have developed cervical myelopathy and has residuals from this. The records as provided indicate that the injured worker is working full time and is highly functional on his current prescription. Routine urine drug screen (UDS) is performed. Given the fact that there is clear evidence of functional improvements while on this medication, the request is established as medically necessary and is consistent with CA MTUS.

Prospective request for 1 prescription of Prilosec 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors.

Decision rationale: The request for prilosec 20 mg #60 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has both a failed cervical and lumbar surgery syndrome. He is chronically maintained on oral medications and has significant functional improvements with this. However, the records clearly indicate that the injured worker has medication induced gastritis secondary to the chronic use of oral medications, and as such the medical necessity for the continued use of this medication is established.

Prospective request for 1 urine drug screen: Overturned

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

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

Decision rationale: The request for urine drug screen is recommended as medically necessary. The submitted clinical records indicate the injured worker is to be maintained on opiate

medications. California Medical Treatment Utilization Schedule requires periodic urine drug screen (UDS) to assess compliance. As such, medical necessity is established.