

Case Number:	CM14-0036434		
Date Assigned:	06/25/2014	Date of Injury:	07/30/2011
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/25/2014

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 Orthopedic Surgery 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 49 year-old female who was reportedly injured on July 20, 2011. The mechanism of injury is noted as a slip and fall on a floor injuring her back. The most recent progress note, dated January 23, 2014, indicates ongoing complaints of increasing severe low back pain with bilateral leg pain right greater than left associated with numbness. The physical examination demonstrated diffuse tenderness of lumbar spine, range of motion decreased, positive right straight leg raise, decreased sensation on lateral calf and weakness with dorsiflexion. Diagnostic imaging reports a mild four millimeter disc protrusion with mild neural foraminal narrowing. Treatment includes bracing, acupuncture and other conservative measures. A request was made for Prilosec 20mg #60, Naproxen 550mg #60 and Norco 5/325 unknown quantity and was not certified in the pre-authorization process on March 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: Proton Pump inhibitors are used in the treatment of gastroesophageal reflux disease and are used as a protectant for individuals using non-steroidal antiinflammatory drugs. There is no documentation based on the records reviewed, the patient has history of gastritis. Therefore, this medication is not medically necessary.

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 66, 73.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. They are the first line of treatment to reduce pain so activity and function can resume. Based on the documentation, the medication is not working, and there is no record of improved functioning and symptoms seem to be more radicular in nature; therefore, the medication is medically not necessary.

Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: Norco is used for short term management of moderate to severe breakthrough pain. Management should include lowest possible dose, documentation of pain relief, functional status, appropriate use and side effects. There is lack of documentation of improvement with medication, any side effects, an opioid contract or the quantity of medication requested, therefore this medication is not necessary.