

Case Number:	CM14-0039067		
Date Assigned:	06/27/2014	Date of Injury:	11/28/2001
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation 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 61 year old male who reported an injury on 11/28/2001 due to an unknown mechanism of injury. The injured worker had a history of back pain and stiffness. His diagnoses included status post lumbar decompression and status post open left rotator cuff repair. The chart note dated 03/06/2014 indicated the injured worker complained of gastroenteritis upset secondary his medications. The medications included Norco 10/325 mg, Prilosec, Zanaflex 4 mg and Lidoderm 5 percent. The prior treatments included an MRI of the lumbar region at the T11-12, L1-2, L2-3, L3-4, L4-5, and L5-S1, a urinalysis that was consistent with current regimen. The physical examination to the lumbar region dated 03/06/2014 revealed a flexion of 45 degrees, extension of 10 degrees, foot drop to the right foot, and positive straight leg raise. The injured worker rated his 8-9/10 with unclear location. Per the 05/01/2014 notes the treatment plan included a follow up in 8 weeks, urinalysis and continue with medications. The request for authorization form was submitted on 05/02/2014 for Norco on page 127 and the authorization form for Prilosec was submitted on 05/02/2014 on page 132. The rationale for the Prilosec was for stomach upset. The rationale for Norco was for moderate to severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use (include the title of the section) Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines state there should be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. This should include a pain assessment of current pain, least reported pain from the prior assessment, average pain, intensity of pain, and how long pain relief lasts. The four A's, including pain relief, activities of daily living, any adverse effects and aberrant drug taking should be included in the documentation. The documentation indicated that the injured worker is under the care of a pain management physician; however, the documentation only states that the injured worker had pain 8-9/10 with no location, pain level with or without medication, any adverse effects, or duration of pain relief. The documentation was evident that the injured worker had been on pain medication from 09/13/2013 to 05/10/2014. The documentation was not evident that the Norco 10mg/325mg helped the injured worker with pain relief. The urinalysis for the 05/10/2014 was not in the documentation provided. The request did not address the frequency for Norco. As such, the request is not medically necessary and appropriate.

Unknown prescription of Prilosec: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Per the MTUS Chronic Pain Guidelines, Omeprazole 20 mg is recommended for patients at intermediate risk for gastrointestinal events. The MTUS Chronic Pain Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal events include patients over 65 years old, patients with a history of history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. The documentation provided indicated an ongoing prescription of Prilosec since at least 11/07/2013. The request did not indicate the frequency at which the medications prescribed, the dosage of the medication, or the quantity being requested in order to determine the necessity of the medication. The documentation did not indicate the injured worker had any history of peptic ulcers or GI bleed or was no a NSAID. As such, the request is not medically necessary and appropriate.