

Case Number:	CM14-0041494		
Date Assigned:	06/27/2014	Date of Injury:	09/07/2009
Decision Date:	07/23/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Orthopaedic 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:

This 37-year-old male auto detailer sustained an industrial injury on 9/7/09. The mechanism of injury is not documented. The 7/29/13 lumbar MRI demonstrated a 9 mm L4/5 disc herniation with stenosis and facet degeneration. The 1/17/14 secondary physician report cited continued low back pain radiating to the bilateral lower extremities. The patient had good and bad days, was using medications for pain and a cane for ambulation. Physical exam findings documented tenderness, spasms, tightness, and reduced range of motion with pain. There was decreased L5/S1 sensation bilaterally and inability to toe/heel walk due to pain. The patient did not desire surgery and was released to see his primary physician for further treatment. The 1/21/14 treating physician report cited low back pain radiating to the right knee and down the posterior left thigh to the heel. Objective findings documented paraspinal muscle spasms, left iliolumbar tenderness, and ambulation with a cane. The diagnosis was L4/5 disc herniation with bilateral sciatica. The patient did not want another epidural steroid injection or surgery. The treatment plan recommended renewal of Norco and omeprazole, and psychological evaluation for depression. The patient was temporarily totally disabled. The 2/26/14 internal medicine report documented a diagnosis of gastritis and gastroesophageal reflux disease. Medications included Ranitidine, Gaviscon, Probiotics, and Protonix. The 3/4/14 urine drug testing indicated that the patient was not taking Norco. The 3/24/14 utilization review denied the request for a follow-up visit with orthopedic surgery as the patient declined further epidural steroid injections or surgery at this time. Norco was denied as there was no documentation of return to work, decreased pain or improved functioning with use. The request for Prilosec was denied as there was no documentation of gastrointestinal illness or condition to be treated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with Orthopedic surgery: 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)- Low Back Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page 127.

Decision rationale: The California MTUS guidelines support referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for treatment of a patient. Guideline criteria have not been met. The request for a follow-up visit with orthopedic surgery is not indicated. The patient has declined further epidural steroid injections and surgery. The orthopedic surgeon has released the patient back to the primary treating physician. Therefore, this request for follow-up visit with orthopedic surgery is not medically necessary.

Norco 10/325mg, #120 (prescribed 1/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Opioids, specific drug list Page(s): 76-80,91.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use. There is no documentation of on-going opioid therapy management. Records suggest the patient is intermittently using Norco as evidenced by intermittent prescriptions and negative findings on urine drug testing. There is no evidence that this medication has been beneficial in reasonably maintaining improved function. Therefore, this request for Norco 10/325mg, #120 (prescribed 1/21/14) is not medically necessary.

Prilosec 20mg, #60 (prescribed 1/21/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The California MTUS contains no mention of the use of proton-pump inhibitors, such as Prilosec, for any condition other than chronic pain when the patient is also being prescribed non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events and indicate these medications should be used at the lowest dose for the shortest possible amount of time. This patient is under the care of an internist for a diagnosis of gastritis and gastroesophageal reflux disease. The internist has been prescribing Ranitidine, Gaviscon, Probiotics, and Protonix since at least November 2013. The prescription of Prilosec by another physician is essentially duplicative. Therefore, this request for Prilosec 20mg, #60 (prescribed 1/21/14) is not medically necessary.