

Case Number:	CM14-0044947		
Date Assigned:	06/25/2014	Date of Injury:	08/09/2006
Decision Date:	09/15/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/31/2014

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 Family Medicine, has a subspecialty in and is licensed to practice in Arizona. 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:

Patient is a 61-year-old female with a date of injury on 8/9/2006. Diagnoses include status post cervical discectomy and lumbar fusion in 2009, bilateral lower and upper extremity radiculopathy, status post lumbar spinal cord stimulator in 2011, and medication induced gastritis. Subjective complaints are of pain in the neck and lower back radiating to the arms and legs. Physical exam shows cervical muscle tenderness and muscle rigidity, and decreased range of motion. The lumbar spine shows tenderness over the lumbar muscles with decreased range of motion, positive left straight leg raise test, and decreased left leg sensation. Medications include MS Contin 15mg twice a day; Norco 10/325 6-8 tablets a day, Soma, Topamax, Omeprazole, Colace, and Nortriptyline. Records indicate that the patient has reduced her MS Contin from 30mg to 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Prilosec 20mg #60 DOS 2/13/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, PPIs.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age 65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is not on chronic NSAID therapy, and there is no objective evidence of ongoing gastric symptoms or risk factors for GI events. Therefore, the medical necessity of Omeprazole is not established and Retro Prilosec 20mg #60 DOS: 2/13/14 is not medically necessary and appropriate.

Retro Colace 100mg #100 DOS 2/13/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA: Colace www.drugs.com.

Decision rationale: CA MTUS recommends that prophylactic treatment of constipation should be initiated with opioid therapy. Medical records indicate that the patient uses Colace to help relieve constipation. FDA prescribing information indicates that Colace is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. This patient is on chronic opioid therapy and is using Colace to prevent constipation. Therefore, the use of Colace is consistent with guideline recommendations, so Retro Colace 100mg #100 DOS 2/13/2014 is medically necessary and appropriate.

Retro MS Contin 15mg DOS 2/13/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient. Retro MS Contin 15mg DOS 2/13/2014 is medically necessary and appropriate.

Retro Norco 10/325mg #240 DOS 2/13/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient. Retro Norco 10/325mg #240 DOS 2/13/2014 is medically necessary and appropriate.