MAXIMUS Federal Services

Case Number:	CM14-0047214		
Date Assigned:	07/07/2014	Date of Injury:	01/04/2013
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/15/2014

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 Geriatrics, - and is licensed to practice in New York. 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 woman with a date of injury of 1/4/13 and chronic pain syndrome. Her primary treating physician on 2/12 /14 with complaints of right upper quadrant pain saw her. She denied GI upset with medications. Her pain was unchanged and she had neck pain with headaches, mid back pain and severe left foot pain. Her medications included Anaprox, Vicodin and Prilosec. Her physical exam showed tenderness to palpation of the lumbosacral spine with positive left straight leg raise and radiation to right buttocks. Her shoulders showed deltoid atrophy and tenderness to palpation with positive impingement. She was recently diagnosed with diabetes. Her treatment plan included continuation of her medications, which are at issue in this review. Length of prior therapy is not documented in the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 capsules of Prilosec 20 mg between 4/4/2014 and 5/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, page(s) 68-69 Page(s): 68--69.

Decision rationale: This worker has chronic pain syndrome with multiple pain complaints. Her medical course has included use of several medications including naproxen and Opioids. Prilosec is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Given her age and denial of GI upset, the records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

60 tablets of Anaprox 550 mg between 4/4/2014 and 5/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page 66-73 Page(s): 66-73.

Decision rationale: This 61-year-old injured worker has chronic pain with a medical course that has included numerous treatment modalities including long-term use of several medications including narcotics and naproxen. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records does not document any improvement in pain or functional status to justify long-term use. She is also receiving opiod analgesics and the naproxen is not medically necessary.

60 Tablets of Vicodin 5/500 mg between 4/4/2014 and 5/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: This 61-year-old injured worker has chronic pain with a medical course that has included numerous treatment modalities including long-term use of several medications including narcotics and naproxen. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/14 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of Opioids for chronic back pain is unclear but appears limited. The Vicodin is not medically necessary.