

Case Number:	CM14-0050822		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2005
Decision Date:	09/03/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency Medicine 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 case involves a female patient who reported an injury on 10/01/2005. The mechanism of injury was not provided for this review. She has a diagnosis of post posterior spinal arthrodesis, discogenic low back pain, carpal tunnel syndrome and cervical pain. The medical record provided were reviewed however, the only record was a single progress note dated 01/20/2014. The record was very brief and provided little data. The only complaints the injured worker had been of neck and low back pain and no pain scale or any other subjective component was documented. The objective exam notes bilateral trapezius pain, and tenderness to C4-5 with decrease of cervical spine range of motion. The examination of the thoracic-lumbar region notes right iliopsoas and sciatic notch pain, and L4-S1 tenderness. She had a positive left Lasegue's test and decrease range of motion of the lumbar spine. Additionally, there was noted Antalgic gait. No imaging or electrodiagnostic reports were provided for review. There are no current medication lists aside from the medications noted on the progress note which were Soma and a topical ointment. The Independent Medical Review is for Prilosec 20mg, Vicodin, Neurontin and Motrin. The utilization review non-certified the request for medications on 3/4/14. There is no current medication list. Only additional medications noted on the progress note is Soma and a topical ointment. Independent Medical Review is for Prilosec 20mg, Vicodin, Neurontin and Motrin. Prior UR on 3/4/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 by mouth, 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: There is no documentation provided as to why Prilosec was requested. Omeprazole/Prilosec is a proton-pump inhibitor (PPI) used for dyspepsia from non-steroidal anti-inflammatory drugs (NSAID) use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. The prescription is also incomplete as there is no noted total number of pills requested. Therefore, the request for Prilosec is not medically necessary.

Vicodin 750mg 1 by mouth, 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 76-78.

Decision rationale: Vicodin is acetaminophen and Hydrocodone, an opioid. As per MTUS Chronic pain guidelines, the records require appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. The medical records do not meet the appropriate documentation of all necessary criteria. In addition the prescription is incomplete as the prescription for Vicodin does not have a dosage of only 750mg. Furthermore, there is no noted total number of pills requested. As such, Vicodin is not medically necessary.

Neurontin 300mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs(AEDs) Page(s): 16-18.

Decision rationale: As per MTUS Chronic pain guidelines, more than 30% improvement in pain is required for continued antiepileptic drugs (AEDS) can be recommended. Neurontin is a 1st line AED and has been shown to be effective in diabetic neuropathy and post herpetic neuralgia. MTUS guidelines recommend a trial of Neurontin for spinal related neuropathic pain. The patient does meet "moderate" improvement threshold with no proper documentation of pain.

However, the prescription is incomplete as there is no noted total number of pills requested. Therefore, the request for Neurontin is not medically necessary.

Motrin 800mg 1 by mouth, 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-inflammatory Drugs) Page(s): 67-68.

Decision rationale: Ibuprofen or Motrin is a Non-steroidal anti-inflammatory drug (NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis and may be used for chronic low back pains. However, recommendations are for low dose and short course only. There are significant side effects if used chronically. In addition, while the intermittent use of ibuprofen is appropriate for back pain, the dosage being used is high. This does not meet recommendations as per MTUS guidelines with 800mg being the maximum dose. The use of the highest dose of ibuprofen with no documented benefits or improvement in pain does not meet the MTUS Chronic pain guidelines. As such, the request is not medically necessary.