

Case Number:	CM14-0052062		
Date Assigned:	07/07/2014	Date of Injury:	03/08/2001
Decision Date:	09/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/21/2014

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 Occupational 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:

The 65 year old female patient sustained an industrial injury over 13 years ago on 3/09/2001. The treating diagnoses include coccyx pain, cervical spine pain and degenerative disc disease with spondylosis of the cervical spine. Review of recent records indicate on 4/2/2014 and 3/28/2014 peer review was completed and Norco was certified for 1 month initially as of the 3/28/2014 decision with the rationale that ongoing use beyond this point would require documentation evidence of improvement on a visual analog pain scale, functional improvements, side effects and lack of aberrant behavior and then when requested again it was non-certified on 4/2/2014. Prior to this, the patient reported a return to work on 3/13/2014, but was unable to work due to increased pain in her neck, shoulders, and wrists. She also reported that she was taking her medications to control her symptoms and that they had been helpful. The patient reported that her ergonomic desk setup had not been provided. At that time her provider planned to continue with medications that include atypical and hydrocodone due to the exacerbation of pain, Colace and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbi/Menth/Camp/Caps 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter topical analgesics, topical analgesic compounded.

Decision rationale: Topical analgesics, according to California MTUS, are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS goes on to state that they are, "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed," neither of which have been documented in this case according to the medical records provided. There is no evidence to support use at this time. The records provided do not confirm ongoing analgesic benefit or objective functional benefit with the ongoing use of this medication. The treatment request is not medically supported in the documentation.

Hydroco/Acet 2.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pages Page(s): 74-97. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 pages 114-16; Chapter 12 pages 300-306 and Official Disability Guidelines (ODG) Chapter on Pain, Opioids, Criteria for Use.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines section on Opioids; Ongoing Management recommends "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records provided for review do not contain the details regarding the above guideline recommendations. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. There is no documented sustained functional improvement. There is no medical necessity for opioids directed to chronic mechanical neck and back pain. The opportunity for weaning was provided; therefore, this current request is not medically necessary.

Omeprazole 20mg #650: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--medications for chronic pain; NSAIDS.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states "Determine if the patient is at

risk for gastrointestinal (GI) events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis with Hydrocodone. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is not documented to be taking NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. Therefore, the request is not medically necessary.