

Case Number:	CM14-0079998		
Date Assigned:	07/18/2014	Date of Injury:	08/23/2012
Decision Date:	09/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/30/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 47 year old male who was injured on 08/23/2012. The mechanism of injury is unknown. His medications as of 07/03/2014 included Norco 10/325 mg, Percocet 10/325 mg, Ibuprofen 800 mg and Omeprazole 20 mg (VAS 8/10 without medications and 5/10 with medications. Prior treatment history has included 8 sessions of physical therapy. On 06/24/2014, the patient complained of low back pain and bilateral leg pain. On exam, plantar flexors and dorsiflexors were weak on the left leg. His sensation is decreased at levels of L5 and S1 distribution on the left leg. The patient was pending surgery at this time. Progress report dated 07/03/2014 states the patient presented with complaints of analgesia and reported with medications, his pain is 5/10 and without medications 8-9/10. He reported his activities of daily living are affected. He does reported walking 40 to 90% of the day and doing stretching exercises. His last urine drug screen was 04/10/2014 which revealed consistent results. He exhibited no aberrant drug seeking behaviors. No exam documented. He is diagnosed with chronic low back pain, post laminectomy syndrome with prior laminectomy and discectomy on 06/10/2013. Prior utilization review dated 05/19/2014 states the request for retroactive Norco 10/325mg # 15 is modified to certify Norco 10/325 mg #195 as medically necessary; retroactive Ibuprofen 800mg # 30 is modified to certify Ibuprofen 800 mg #30 as it is medically necessary; and retroactive Omeprazole 20mg #30 is not certified as it is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Norco 10/325mg Qty 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Opioids are recommended as the standard of care for treatment to moderate or severe pain for short term use with recommended doses of usually 1 tablet every four to six hours as needed for pain. In this case, the supporting documentation shows to exceed the amount recommended by guidelines therefore, this medication is not medically necessary.

Retroactive Ibuprofen 800mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, guidelines for the use of Ibuprofen have been exceeded in an extended period of time therefore, the request for this medication is not medically necessary.

Retroactive Omeprazole 20mg Qty 30: 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 symptoms & cardiovascular risk Page(s): 68, 69.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Omeprazole, a proton pump inhibitor, is recommended for patients at risk for gastrointestinal events and should be used at the lowest dose for the shortest possible amount of time. In this case, there no supportive documentation for risk of gastrointestinal events therefore, this medication is not medically necessary at this time.