

Case Number:	CM14-0080071		
Date Assigned:	07/18/2014	Date of Injury:	07/01/1998
Decision Date:	08/25/2014	UR Denial Date:	05/15/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 47-year-old male with a 7/1/98 date of injury. He was a packer who slipped and fell, injuring his back, neck, shoulder, and left knee. On 4/25/14, the patient complained of low back pain that radiated to his lower extremity. The patient states his current medications provide functional benefit and has been able to keep his medications down to a minimum. Objective exam: significant tenderness along his cervical spine with decreased ROM (Range Of Movement) and decreased sensation along the lumbar spine. He has tenderness to the right shoulder as well as lumbar spine. Exam of the left knee reveals tenderness to palpation and crepitus with movement. Diagnostic Impression: Intervertebral disc disorder of the cervical and lumbar spine. Treatment to date: medication management, ESI (Epidural Steroid Injection), right shoulder cortisone injections, physical therapy, viscosupplementation. A UR decision dated 5/8/14 denied the request for Norco based on the fact that multiple prescribers are present and that a UDS on 4/25/14 was negative for Norco. Prilosec was denied because there was no documentation of increased risk for GastroIntestinal events or gastritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10/325 mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82, 91. Decision based on Non-MTUS Citation Official Disability Guidelines - formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates pg 78-81 Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is documentation of an inconsistent urine drug screen on 8/5/14 that was positive for amphetamine, nicotine, methamphetamine, and phentermine. In addition, there was no documentation concerning that the patient has multiple prescribers. The guidelines do not support ongoing opioid management in the setting of high-risk behavior and misuse. Therefore, the request for Norco 10/325 mg #120 was not medically necessary.

Prilosec, 20 mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pg 68 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

Decision rationale: MTUS and the FDA support Proton Pump Inhibitors (PPI) in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD (Gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. However, this patient is noted to be on Anaprox chronically, which is a NSAID. The guidelines do support the use of Prilosec as a first-line agent as GI prophylaxis in the setting of chronic NSAID use. Therefore, the request for Prilosec, 20 mg, #60 was medically necessary.