

Case Number:	CM14-0083250		
Date Assigned:	07/21/2014	Date of Injury:	04/09/2007
Decision Date:	09/24/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/03/2014

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 patient is a 47-year-old female who has submitted a claim for chronic discogenic and facet mediated spinal pain with radiculopathy associated with an industrial injury date of 04/09/2007. Medical records from 06/27/2008 to 07/14/2014 were reviewed and showed that patient complained of low back pain graded 7/10 with stiffness and numbness in the right leg. Of note, there was complaint of heartburn (04/28/2014). Physical examination revealed tenderness over the lumbosacral area (right greater than left) and right buttock, moderately decreased ROM, some dysesthesias in the right leg, calf, and lateral foot, absent right Achilles tendon reflex, MMT of 5/5 bilaterally, and positive SLR, pelvic thrust, Valsalva, and Gaenslen's tests on the right. MRI of the lumbar spine dated 06/2014 revealed left-sided lateral/foraminal protrusion with an annular tear at L4-5 and right-sided annular tear at L5-S1. X-ray of the lumbar spine dated 04/29/2007 was unremarkable. Treatment to date has included interlaminar L4-5 epidural injection (06/15/2009), radiofrequency neurotomy of L4 and L5 facet median branch nerve (06/2010), SI joint injection (03/13/2013), Prilosec 20mg (quantity not specified; prescribed since 10/28/2013) Norco 10/325mg(quantity not specified; prescribed since 10/28/2013) Ibuprofen 800mg(quantity not specified; prescribed since 10/28/2013) and Topamax 100mg. Of note, there was no documentation of functional outcome concerning oral medications. Utilization review dated 05/07/2014 denied the request for Norco 10/325mg #120 because the clinical documentation did not support continued use of narcotics. Utilization review dated 05/07/2014 denied the request for Ibuprofen 800mg #90 because it is recommended that NSAIDs should be used at the lowest effective dose for the shortest duration of time. Utilization review dated 05/07/2014 denied the request for Prilosec 20mg #30 because there was no indication that the patient was at risk for gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800 mg 1 by mouth three times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68, 72.

Decision rationale: As stated on page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Ibuprofen can be taken for mild to moderate pain as 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. In this case, the patient was prescribed Ibuprofen 800mg (quantity not specified) since 10/28/2013. However, there was no documentation of functional improvement with Ibuprofen intake. Furthermore, the guidelines do not recommend long-term use of NSAIDs and Ibuprofen dose of greater than 400mg. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for Ibuprofen 800 mg 1 by mouth three times a day #90 is not medically necessary.

Prilosec 20 mg 1 by mouth everyday: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- online version, Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, the patient was prescribed Prilosec 20mg (quantity not specified) since 10/28/2013. There was documentation of heartburn (04/28/2014). However, there was no objective evidence that the gastrointestinal disturbance was induced by medications. The medical necessity for proton pump inhibitor prophylaxis cannot be established due to insufficient information. Therefore, the request for Prilosec 20 mg 1 by mouth every day is not medically necessary.

Norco 10/325mg 1 by mouth four times a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

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

Decision rationale: According to page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. There was no documentation of pain relief, functional improvement, and recent urine toxicology review, which are required to support continued use of opiates. In this case, the patient was prescribed Norco 10/325mg (quantity not specified) since 10/28/2013. There was no documentation of functional improvement or pain relief with Norco intake to support the continuation of opioids use per guidelines requirement. Therefore, the request for Norco 10/325mg 1 by mouth four times a day #120 is not medically necessary.