

Case Number:	CM14-0083447		
Date Assigned:	07/21/2014	Date of Injury:	02/05/2004
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 60 year old female with a work injury dated 2/5/04. The diagnoses include degeneration of the lumbar intervertebral discs. Under consideration is a request for Naprosyn, Omeprazole, and Norco. There is an office visit progress noted document dated 5/12/14 that states that the patient has back pain radiating down her left leg to her knee. She has decreased feeling in the left lower extremity. She has been falling because of the decreased sensation. The leg pain is worse than the back pain. On examination of the -back there is tenderness over the midline, right and left paraspinal and over right sacroiliac joint. There is a positive SLR testing at 35 degrees on the right and 60 degrees on the right limited by pain, limited extension and flexion by pain, and decreased sensation in the L4-5 and S1 distribution on the left. The treatment plan states that the patient is in pain 18 hours per day. The pain is a 6/10 and at time of the office visit was 7/10. Free samples of Flector patches were given to take away the pain. There is a request for a second lumbar Epidural Steroid Injection. Physical therapy and her regular medications (Norco, Naprosyn, and Omeprazole) will be requested. The patient states that she has been taking the medications for 8 years and it is the only regimen that provides pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hypertensive patients; Anti-inflammatory medications Page(s): 69, 22. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medical Treatment Utilization Schedule--Definitions p.1 (functional improvement definition).

Decision rationale: Naproxen 550mg #60 for 12 months is not medically necessary per the MTUS guidelines. Naproxen is an anti-inflammatory. Per guidelines anti-inflammatories are recommended as an option for short-term symptomatic relief. The documentation indicates that the patient has been on this medication at least long term without documented significant functional improvement or significant decrease in pain. Furthermore, the request is asking for a one year supply. The guidelines state that all NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors; angiotensin receptor blockers; beta blockers; or diuretics. The documentation indicates the patient is hypertensive and on an ACE inhibitor. A 12 month supply of this medication would be inappropriate as this medication may alter the patient's blood pressure and need to be discontinued. The request for Naproxen 550mg #60 for 12 months is not medically necessary.

Omeprazole 20mg #60 for 12 months: 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, Pain Chapter: Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Omeprazole 20mg #60 for 12 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that long-term PPI use has been shown to increase the risk of hip fracture. Given that the patient has already been on this medication long term the request for a 12 month supply is not appropriate due to the risk of hip fracture. Furthermore, elsewhere in this review it was deemed that Naproxen was not medically necessary. Furthermore, the documentation does not indicate any other risk factors for gastrointestinal disorders. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. For these reasons the request for Omeprazole 20mg #60 for 12 months is not medically necessary.

Norco 7.5/325mg #60 for 12 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule--Definitions page 1 (functional improvement); Functional Restoration Approach to Chronic Pain Management-p.8 After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: Norco 7.5/325mg #60 for 12 months is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation indicates that the patient has been on Norco without significant functional improvement as defined by the MTUS or improvement in pain. The MTUS does not recommend continuing opioids without improvements in function or pain. The MTUS guidelines also state that periodic review of the ongoing chronic pain treatment plan for the injured worker is essential according to the Medical Board of California Pain Guidelines for controlled substances. The request for a year supply of Norco is not medically appropriate as patients' needs periodic assessment and adjustments or changes to their medication routine. For these reasons the request for Norco 7/5/325mg #60 for 12 months is not medically necessary.