

Case Number:	CM14-0085230		
Date Assigned:	06/23/2014	Date of Injury:	06/15/2012
Decision Date:	07/22/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 6/15/12 after lifting a heavy object and falling on his right side. He later experienced pain in the neck, upper and mid-back, low back, both shoulders, right knee, chest, and right rib cage. He was diagnosed with cervical/thoracic/lumbar sprain/strain with lumbar radiculopathy, bilateral shoulder impingement, lumbar disc spondylosis and joint arthrosis, as well as rib fractures, spinal fractures, sternal fracture and mild canal stenosis of the lumbar area (after MRI and CT imaging), as well as anxiety and insomnia. The worker was treated with modified duty chiropractor treatments, surgery (spine, later complicated with wound infection), opioids, acetaminophen, topical analgesics, exercises, benzodiazepines, sleep aids, and antidepressants. He was unable to return to work and experiences difficulty with daily living tasks, according to the notes, due to his pain and restricted movement. He was seen by his primary treating physician's assistant on 3/28/14 when Norco was prescribed and was recommended he return to modified duties. On 5/7/14 the worker reported back that the medication was helping with the pain but that due to the "medications" he experienced gastritis. A request was then made for Norco and Prilosec to be taken by the worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Weaning of Medications and Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s) 78-80 Page(s): 78-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he had been using opioids chronically and was taking it leading up to the request for Norco, although it is not documented as to how it was taken, how much pain relief it provided, and how much functional benefit it provided the worker. No new information in the recent progress notes helps to answer these questions, which are required for justifying continuation of its use. Therefore, without this ongoing documentation, the Norco is not medically necessary.

Prilosec 20mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Proton Pump Inhibitors (PPI). Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, page(s). 68-69 Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a PPI, it is to be used in conjunction with a non-steroidal anti-inflammatory drug (NSAID), and the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. Although a short course of Prilosec may be warranted for symptom relief, it is unlikely that the worker, as long as he is taking the same oral medications, will have less gastritis--later not requiring any antacid medication, and so it is assumed the request would be for a much longer duration, which isn't appropriate here. Adjustments in timing of the medications taken and/or using another weaker medication such as H2-blockers or other as needed ant-acids may be more appropriate as a first time trial for gastritis related to non-NSAID medications as the risks associated with PPI are higher and should be avoided if possible. Therefore, the Prilosec is not medically necessary.

