

Case Number:	CM14-0087532		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2009
Decision Date:	12/30/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/10/2014

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:

This is a male patient with an injury to the cervical spine in 2004 and no description of injury given within the supporting documentation. He is diagnosed with status post cervical fusion revision and chronic cervical spine strain/sprain. A primary treating physician visit dated 03/12/2014 reported the injured worker complaining of numbness to the right thumb, difficulty swallowing and tenderness to palpation over the cervical spine facet joints C4-7. The worker continues using Norco, Prilosec and Genocin as prescribed and will also continue with home exercise program and TENS unit with follow up in 6 weeks. He was reported as permanent and stationary per AME. Requests for the following services TENS unit along with and extended rental period, was denied by Utilization Review as not medically necessary. There is no specific documentation regarding the medical necessity of Prilosec or Genocin. There is no detailed documentation of the Opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 79.

Decision rationale: The MTUS Guidelines have very specific standards that are recommended to support the long-term use of opioid medications. These standards include specific reporting of use patterns, length of pain relief, quantification of pain relief and quantification of functional benefits. The prescribing physician does not meet the standards necessary to support long-term use of the opioid Norco. Under these circumstances the Norco 10/325mg. #90 is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the routine use of proton pump inhibitors (Prilosec) unless there are specific risk factors and NSAIDs are utilized or unless there are well documented GI symptoms associated with medications. These qualifying conditions are not met. In addition, Guidelines recommend 20mg. per day and no medical rational is given for the double dosing. These medications are not benign on a long term basis with long term use associated with increased fractures, lung infections and biological metal dysregulation. The Prilosec 20mg. #60 is not medically necessary.

Genocin #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.medications.com/?c=drug&s=genocin&ingredient=chloroquine%20phosphate>

Decision rationale: The MTUS Guidelines do not address the use of Genocin (Chloroquine phosphate). This drug is use for the treatment of Malaria and off label as a second line drug for some autoimmune diseases and/or rheumatoid arthritis. There is no documentation of any medically qualifying condition in this individual. Under these circumstances the Genocin is not medically necessary.