

Case Number:	CM14-0088713		
Date Assigned:	07/23/2014	Date of Injury:	01/07/2009
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/12/2014

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 57 year old female who was injured on 1/7/2009. She was diagnosed with lumbar degenerative disc disease with myofascial pain and radiculitis, bilateral carpal tunnel syndrome and depression. She was treated with medications including opioids and antidepressants, as well as had surgeries (wrists, low back). She had been taking Norco for her chronic pain for many months without documented objective and functional benefits, according to previous reviews, and on 4/28/14, the request for refilling Norco was approved, but only for one time (#120 instead of #180 pills), and for the purpose of weaning. On 5/14/14, the worker was seen by her treating physician complaining of her usual level of pain (7/10 without medication, and 3/10 with medication, on the pain scale). Her physician reported that her pain is decreased by lying down and with medications, as well as increasing her function, but no specific list of functional benefits were documented. No report of whether or not any reduction in the use of her Norco had taken place. She reported that she was still not working at the time. Physical examination was significant for a positive straight leg raise on the left and decreased sensation on the posterior left leg. Medications (Norco and Omeprazole) were then refilled for the worker to continue at the usual dose and frequency from before the decision to wean, with no intention to begin or continue weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

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

Decision rationale: 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, 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, the request to wean down on the Norco seemed to not be followed through. The required documentation of specific functional benefits (not just pain relief) from the use of Norco still was not included in the progress note from the most recent office visit, which is required in order to consider any continuation. Therefore, without this documentation, the Norco 10/325mg #180 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines indicate to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, 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, those taking aspirin concurrently, corticosteroids, an anticoagulant or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence found in the documents provided for review suggesting the worker had an elevated gastrointestinal event risk and did not use NSAIDs. Therefore, the continuation of Omeprazole 20mg #60 is not medically necessary.