

Case Number:	CM14-0092576		
Date Assigned:	07/25/2014	Date of Injury:	09/26/2009
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 26, 2009. Thus far, the applicant has been treated with the following: analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for Norco and Prilosec, despite the UR report's notation that the applicant was reporting issues with gastrointestinal upset. In a May 7, 2014 progress note, the applicant reported pain ranging from 5/10 with medications to 9/10 without medications. The attending provider posited that ongoing usage of medications was improving the applicant's ability to walk and garden. The applicant did report issues with GI upset, reportedly ameliorated with ongoing usage of Prilosec. Norco, at a rate of four to five tablets a day, and Prilosec were both refilled. In an earlier note of November 2, 2013, the attending provider indicated that the applicant was caring for his children whenever he had custody of the same and stated that ongoing Norco consumption was allowing him to remain functional; it was also stated that he was able to do yard work, again reportedly imputed through ongoing medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91, & 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, while it does not appear that the applicant has returned to work, the applicant is reporting appropriate reduction in pain scores from 9/10 to 4/10 with medications. The applicant's ability to care for his children, perform yard work, home exercises, and care for his children have all reportedly been ameliorated as a result of ongoing Norco usage. Continuing the same is therefore indicated. Accordingly, the request is medically necessary.

Prilosec 20mg #60: Overturned

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

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

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors (PPIs) such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant is reporting an analogous issue, opioid-induced dyspepsia, reportedly ameliorated or attenuated through ongoing usage of Prilosec. Continuing the same is therefore indicated. Accordingly, the request is medically necessary.