

Case Number:	CM14-0099349		
Date Assigned:	09/16/2014	Date of Injury:	01/12/2010
Decision Date:	11/10/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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 Interventional Spine 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 patient is a 42-year old with an injury date on 1/12/10. Patient complains of worsening cervical pain with cramping, "pins and needles" sensation, low lumbar pain that radiates down right leg to the knee, and right shoulder pain per 3/31/14 report. Patient also has some urinary hesitancy per 3/31/14 report. Based on the 3/31/14 progress report provided by [REDACTED] the diagnoses are: 1. L2 compression fracture 2. Cervical radiculopathy 3. Chronic pain 4. HNP of the lumbar spine Exam on 3/31/14 showed "right shoulder range of motion limited by pain, with flexion/abduction at 0-140 degrees. Tenderness to palpation of L-spine." Patient's treatment history includes a new MRI of the L-spine, a medial branch block bilateral at L1-2 and L2-3 facets on 11/8/13 which did not help, and 13 chiropractic treatments which did not help per 3/31/14 report. [REDACTED] is requesting omeprazole 20mg Qty: unspecified, hydrocodone 10/325mg Qty: unspecified, and Promolaxin 100mg Qty: unspecified. The utilization review determination being challenged is dated 5/27/14 and denies Promolaxin as the opiates patient is taking are recommended to be discontinued and there are no complaints of constipation. [REDACTED] is the requesting provider, and he provided treatment reports from 10/2/13 to 6/5/14. 1. L2 compression fracture 2. cervical radiculopathy 3. chronic pain 4. HNP of the lumbar spine Exam on 3/31/14 showed "right shoulder range of motion limited by pain, with flexion/abduction at 0-140 degrees. Tenderness to palpation of L-spine." Patient's treatment history includes a new MRI of the L-spine, a medial branch block bilateral at L1-2 and L2-3 facets on 11/8/13 which did not help, and 13 chiropractic treatments which did not help per 3/31/14 report. [REDACTED] is requesting omeprazole 20mg Qty: unspecified, hydrocodone 10/325mg Qty: unspecified, and promolaxin 100mg Qty: unspecified. The utilization review determination being challenged is dated 5/27/14 and denies Promolaxin as the opiates patient is taking, are recommended to be

discontinued and there are no complaints of constipation. [REDACTED] is the requesting provider, and he provided treatment reports from 10/2/13 to 6/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

omeprazole 20mg Qty (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter;prilosec

Decision rationale: This patient presents with neck pain, lower back pain, right leg pain, and right shoulder pain. The treater has asked for omeprazole 20mg Qty: unspecified on 3/31/14. Patient has been taking Prilosec since 10/2/13 report. Patient is taking Naproxen according to 2/3/14 report. The 2/3/14 report mentions patient's complaints of "gastritis." Regarding medications for chronic pain, MTUS pg. 60 states treater must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. In this case, patient has been taking Prilosec for 5 months without documentation about its effectiveness. Therefore, Omeprazole 20mg quantity (unspecified) is not medically necessary.

Hydrocodone/ 10/325mg Qty (unspecified): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS (pg. Page(s): 76-78)(88-89).

Decision rationale: For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. " MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Hydrocodone, stating "medications decrease his pain by about 25% temporarily" per 1/1/13 report. But there are no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. A urine drug screen from 7/17/13 came out normal (positive for Hydrocodone) but there is no documentation of a more recent urine drug screen. Given the lack of sufficient documentation regarding chronic opiates management as

required by MTUS, a slow taper off the medication is recommended at this time. Therefore, Hydrocodone/ 10/325mg quantity (unspecified) is not medically necessary.

Promolazin 100mg Qty Unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Webmd.com; Docuprene

Decision rationale: This patient presents with neck pain, lower back pain, right leg pain, and right shoulder pain. The treater has asked for Promolazin 100mg Qty: unspecified on 3/31/14 "for opioid-induced constipation." Patient reports "some constipation" with medication use per 2/3/14 report. According to Webmd.com, Docusate is a stool softener. It works by increasing the amount of water the stool absorbs in the gut, making the stool softer and easier to pass. MTUS guidelines support laxatives or stool softeners on a prophylactic basis when using opiates. Given the treater's statement that the patient is on opiates, the treater should be allowed the leeway to prescribe a laxative that works for the patient. The requested Promolazin 100mg Qty: unspecified is indicated at this time. Therefore, Promolazin 100mg quantity Unspecified is medically necessary.