

Case Number:	CM14-0135682		
Date Assigned:	08/29/2014	Date of Injury:	08/22/2009
Decision Date:	01/07/2015	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 59-year old female with a date of injury 08/22/2009. The treating physician report dated 07/23/14 indicates that the patient presents with chronic low back and lower extremity pain. The MRI findings dated 10/26/09 reveals disk herniation at L4-L5 causing moderate spinal stenosis. MRI findings dated 01/30/13 shows a left foraminal disk at L3-L4 and a broad-based disk herniation at L4-L5 causing moderate spinal stenosis that is extending into the bilateral foramen causing bilateral foraminal stenosis. S/P Lumbar decompressive surgery at L4-L5 was completed 02/12/14. The current diagnosis is low back pain with radiculopathy. The utilization review report dated August 12, 2014 denied the request for Prilosec, Norco and Zoloft based off being not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with chronic low back and lower extremity pain. The current request is for Norco 10/325MG #90. It is unknown when the patient began taking this medication; however, it is listed in the treating physician's reports provided from 03/05/14 to 11/12/14. MTUS recommends the usage of Norco for the treatment of moderate to moderately/severe pain and continued usage of the medication must be substantiated with proper documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case the treating physician has provided documentation that the patient has decreased pain with medication usage from a 7/10 to a 3/10, improved ability to ambulate with a cane and carry out self-hygiene with medication usage and that the patient does not have any adverse effects or adverse behavior with Norco usage and the Urine drug screen was consistent. The treating physician in this case has provided the necessary information as required by MTUS for continued opioid usage. Therefore, Norco 10/325MG #90 is medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: The patient presents with chronic low back and lower extremity pain. The current request is for Prilosec 20mg #30. It is unknown when the patient began taking this medication; however, it is listed in the treating physician's reports provided from 03/05/14 to 11/12/14. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. There is no documentation of multiple high dosage NSAIDs or of dyspepsia secondary to NSAID therapy. The treating physician report dated 06/25/14 stated the omeprazole helps prevent GI upset from the Norco. The treating physician does not document any upset stomach or GI complications. The MTUS guidelines do not recommend Prilosec for prophylactic prevention of GI complications. Therefore, Prilosec 20mg #30 is not medically necessary.

Zoloft 100mg #30: Overturned

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 Official Disability Guidelines (ODG) Online Pain Chapter

Decision rationale: The patient presents with chronic low back and lower extremity pain. The current request is for Zoloft 100mg #30. It is unknown when the patient began taking this medication; however, it is listed in the treating physician's reports provided from 03/05/14 to 11/12/14. The ODG Guidelines state, not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. In this case the treating physician does document that the patient "is having significant depression which the ODG guidelines support the use of Zoloft for treatment. Therefore, Zoloft 100mg #30 is medically necessary.