

Case Number:	CM14-0138390		
Date Assigned:	09/05/2014	Date of Injury:	06/23/2011
Decision Date:	09/21/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 injured worker is a 31 year old female, who sustained an industrial injury on 6-23-11. She reported injury to her cervical and lumbar spine related to a motor vehicle accident. The injured worker was diagnosed as having L5-S1 disc degeneration with bilateral foraminal stenosis and facet arthropathy and depression and anxiety. Treatment to date has included a lumbar MRI in 2012, a right L5-S1 epidural injection on 2-27-14, an EMG study on 4-21-15 and acupuncture. Current medications include Morphine sulfate ER, Motrin, Lunesta, Prilosec, Amitriptyline, Gabapentin and Colace. As of the PR2 dated 6-18-14, the injured worker reports ongoing low back pain with radiating symptoms down the right lower extremity. She rates her pain a 4-5 out of 10 with medications and 8 out of 10 without medications. She indicated that Colace helps with constipation and Prilosec helps prevent gastrointestinal upset. The treating physician requested Prilosec 20mg #30 and Colace 100mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Prilosec 20mg (1 every day) #30 (date of service 07/24/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Studies show long term use of this medication has serious side effects. In addition this medication is not indicated for long term use. Its use for the treatment of stomach issues is approved once daily for up to 8 weeks. Guidelines state that in general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Within the documentation available for review, there is no indication that the patient has a risk for gastrointestinal events with NSAID use, or another indication for this medication. In addition, use of this medication is indicated only for up to 8 weeks and once a day. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

Retrospective: Colace 100mg (3 times daily) #100 (date of service 07/24/2014): 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 Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Colace 100mg (3 times daily) #100, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softeners may be used as well. Second line treatments include prescription medications. Within the documentation available for review, there is no statement indicating whether the patient has tried adequate hydration, well-balanced diet, and activity to reduce the complaints of constipation should they exist. In the absence of such documentation, the currently requested Colace 100mg (3 times daily) #100 is not medically necessary.