

Case Number:	CM14-0139290		
Date Assigned:	09/05/2014	Date of Injury:	06/15/2011
Decision Date:	01/14/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 48-year-old male with a 6/15/11 date of injury. At the time (7/11/14) of the request for authorization for Retrospective request for Norco 10/325 mg, QTY: 240, Retrospective request for Anaprox DS 550 mg, QTY: 60, and Retrospective request for Prilosec 20 mg, QTY: 120, there is documentation of subjective (low back pain, ongoing left knee pain) and objective (tenderness to palpation bilaterally and increased muscle rigidity of the posterior cervical musculature, decreased cervical spine range of motion, tenderness to palpation along the posterior lumbar musculature and increased muscle rigidity right greater than left, sensation was decreased along the posterolateral thigh and posterolateral calf bilaterally right greater than left) findings, current diagnoses (cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms left greater than right, lumbar myoligamentous injury with lower radicular symptoms right greater than left, left knee status post arthroscopic surgery 4/3/13 with revision on 7/9/14, and medication induced gastritis), and treatment to date (medication including ongoing use of Norco, Anaprox, and Prilosec). Regarding Retrospective request for Norco 10/325 mg, QTY: 240, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Retrospective request for Anaprox DS 550 mg, QTY: 60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox

use to date. Regarding Retrospective request for Prilosec 20 mg, QTY: 120, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325 mg, QTY: 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms left greater than right, lumbar myoligamentous injury with lower radicular symptoms right greater than left, left knee status post arthroscopic surgery 4/3/13 with revision on 7/9/14, and medication induced gastritis. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Norco 10/325 mg, QTY: 240 is not medically necessary.

Retrospective request for Anaprox DS 550 mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms left greater than right, lumbar myoligamentous injury with lower radicular symptoms right greater than left, left knee status post arthroscopic surgery 4/3/13 with revision on 7/9/14, and medication induced gastritis. In addition, there is documentation of chronic pain. However, given documentation of ongoing treatment with Anaprox, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Anaprox DS 550 mg, QTY: 60 is not medically necessary.

Retrospective request for Prilosec 20 mg, QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Chapter, Prilosec (Omeprazole)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical myoligamentous injury with associated cervicogenic headaches, bilateral upper extremity radicular symptoms left greater than right, lumbar myoligamentous injury with lower radicular symptoms right greater than left, left knee status post arthroscopic surgery 4/3/13 with revision on 7/9/14, and medication induced gastritis. In addition, there is documentation of treatment with NSAIDs. However, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.