

Case Number:	CM14-0164638		
Date Assigned:	11/19/2014	Date of Injury:	10/02/2003
Decision Date:	09/03/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/07/2014

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year-old female who sustained an industrial injury on 10-02-03. Initial diagnoses are not available. Current diagnoses include lumbago and unspecified disc disorder of lumbar region, thoracic or lumbosacral neuritis or radiculitis, low back pain with radicular symptoms, cervicgia, and pain in limb-bilateral upper extremity pain. Comorbid conditions include obesity (BMI 32.1). Diagnostic testing and treatment to date has included MRI of the cervical and lumbar spine, urine toxicology screens, lumbar epidural steroid injection and medication. ██████████ progress note dated 8/14/2014 reported the injured worker complained of intermittent neck pain that traveled to both arms; her pain was rated 9/10. She has occasional low back pain that travels to the right leg rated 4/10 and associated with numbness and tingling. Both ratings of pain are with medication. However, the treating provider reported the injured worker's current medication regimen helps her symptoms (pain and dyspepsia), and has been able to decrease dosage of Norco after lumbar steroid injection. The pain is worse with activity and better with rest and ice. She also complained of difficulty sleeping due to the pain and has gained weight. Exam showed low back tenderness to palpation, positive Patrick-Fabere's test and positive straight leg raise on the right. Sensation was decreased in the right L4, L5 and S1 dermatomes. Requested treatments include Norco/Apap 5/325mg X 2 refills, and Prilosec 20mg x 2 refills. The injured worker's status is not available. Date of Utilization Review: 09-19-14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco/Apap 5/325mg X 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. If treating chronic low back pain, opioids effectiveness is limited to short-term pain relief (up to 16 weeks) as there is no evidence of long-term effectiveness. It is known that long-term use of opioids is associated with hyperalgesia and tolerance. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. Since the patient has chronic pain in multiple parts of her body (not just the lower back), there is no evidence of tolerance, the patient is appropriately being monitored for aberrant behaviors with repeated urine toxicology screens and since the medication is only being used as needed (prescribed as one time per day) and is effective in lowering the patient's pain, chronic use of opioids in this instance is not contraindicated. Medical necessity has been established.

Prilosec 20mg x 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors (PPIs).

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

Decision rationale: Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long-term

use of opioids. Since this patient is on chronic opioid therapy it is reasonable to assume her dyspepsia may be caused by her medications. Use of this medication does control her dyspepsia. It follows that use of omeprazole in this patient is appropriate. Medical necessity for continued use of this medication has been established.