

Case Number:	CM14-0190213		
Date Assigned:	11/21/2014	Date of Injury:	01/04/2004
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

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 48 year old female with an injury date on 01/04/2004. Based on the 09/29/2014 progress report provided by the treating physician, the diagnoses are:1. Cervical musculoligamentous injury2. Cervical radiculopathy3. Lumbar discopathy with disc displacement, status post lumbar fusionAccording to this report, the patient complains of "residual pain in the cervical spine and lumbar spine." The pain on the neck radiates to both upper extremities and cause numbness and tingling. "Medication is somewhat helpful with alleviating the cervical spine pain." Physical exam reveals tenderness in the cervical/lumbar paraspinal musculature. Range of motion of the cervical/ lumbar spine is decreased secondary to pain and stiffness. Spurling's sign is positive. Diminished sensation to light touch and pinprick are noted at the bilateral C5 dermatomal distribution.The 04/01/2014 report indicates patient's treatment plan consist of "home exercise on continuous basis."There were no other significant findings noted on this report. The utilization review denied the request for Retrospective request for Prilosec (Omeprazole DR) 20mg #90 and Retrospective request for Norco 10/325mg #120 on 09/29/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 04/01/2014 to 09/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Prilosec (Omeprazole DR) 20mg #90, 1 capsule PO BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI: NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: According to the 09/29/2014 report, this patient presents with "residual pain in the cervical spine and lumbar spine." Per this report, the current request is for Retrospective request for Prilosec (Omeprazole DR) 20mg #90, 1 capsule PO BID. This medication was first mentioned in the 04/01/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of reports show that the patient is currently on Nalfon and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. Recommendation is not medically necessary.

Retrospective request for Norco 10/325mg 1 tab PO 4-6hr as needed, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88, 89, 76-78.

Decision rationale: According to the 09/29/2014 report, this patient presents with "residual pain in the cervical spine and lumbar spine." Per this report, the current request is for Retrospective request for Norco 10/325mg 1 tab PO 4-6hr as needed, #120. This medication was first mentioned in the 04/01/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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. Per 09/29/2014 report, the treating physician states, "Medication is somewhat helpful with alleviating the cervical spine pain." UDS was obtained on 05/06/2014 with result of "Hydrocodone INCONSISTENT with prescription therapy" but the results were not discussed or any specific

actions taken to address potential aberrant behavior. Other than these, the reports do not show documentation of pain assessment; no numerical scale is used describing the patient's function; no outcome measures are provided. No specific ADL's, return to work are discussed. No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There are no other opiates management issues such as CURES and behavioral issues. The treating physician has failed to properly document the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior) as required by MTUS. Recommendation is not medically necessary.