

Case Number:	CM14-0191228		
Date Assigned:	11/25/2014	Date of Injury:	04/18/2011
Decision Date:	01/13/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/17/2014

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 Family Medicine 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 injured worker is a 52-year-old male who experienced an industrial injury 04/18/11. The mechanism of injury and/or affected body part(s) was not noted. However, per the documentation submitted by the utilization review organization, the accepted body part(s) are the left forearm, left shoulder, lumbar spine, and abdomen. The documentation reviewed from the utilization review organization noted the patient was most recently evaluated 10/17/14 for medication management. The objective findings noted at this time revealed lumbar spine tenderness to touch of the bilateral paravertebral muscles, lumbosacral junction, and left sciatic notch. There was decreased range of motion with increased pain in all planes. There was decreased sensation along the left L5 and S1 dermatomes, straight leg raise was positive on the left with numbness and tingling along the left L5 and S1 nerve root distributions. A positive limp of the left lower extremity with guarded gait was noted, motor exam revealed 4/5 motor weakness of the left extensor hallucis longus and left ankle plantar flexors. At one point, the patient was prescribed Medrol but he reported a history of gastrointestinal upset related to the use of it, so Prilosec 20 mg was prescribed for him which was non-certified. The most recent primary treating physician's progress report available for review was dated 03/27/14. The worker complained of low back pain with left lower extremity pain, numbness and tingling with bending and stooping (note: some of this report was illegible). Objectively, the lumbosacral junction had moderate spasm, positive straight leg raise to the left thigh. Diagnoses were 08/24/12 status post L5/S1 hemilaminectomy/foraminotomy/decompression and the left shoulder had symptoms of impingement, tenderness, and bursitis. There were no notations regarding any kind of treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 75, 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), status post L5/S1 hemilaminectomy/foraminotomy/decompression, 08/24/12

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, certification of the requested medication is not recommended.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (meloxicam).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Meloxicam (Mobic®)

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not medically necessary as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Prilosec [Proton pump inhibitors (PPIs)]

Decision rationale: The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 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 usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event and the request is not medically necessary.