

Case Number:	CM14-0198884		
Date Assigned:	12/09/2014	Date of Injury:	07/17/1995
Decision Date:	02/10/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/26/2014

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. The expert reviewer is Board Certified in Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 17, 1995. In a Utilization Review Report dated November 10, 2014, the claims administrator partially approved a request for Norco and denied a request for Prilosec outright. The claims administrator referenced a progress note dated October 27, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated October 31, 2014, the claims administrator appealed denials of various prescriptions by copying non-MTUS ODG Guidelines wholesale without any associated applicant-specific rationale. On October 31, 2014, Prilosec was endorsed. In an RFA form dated October 31, 2014, both Norco and Prilosec were endorsed, again without any applicant-specific rationale. In a progress note dated October 27, 2014, the applicant presented with persistent complaints of neck and shoulder pain, 5/10, exacerbated by twisting and turning. The applicant reported persistent ancillary complaints of headaches. The applicant's medications include Advair, albuterol, Bayer, Cleocin, Levoxyl, Norco, Prilosec, and Kenalog cream. The applicant is asked to pursue a pain management program. Aquatic therapy, Norco, and Prilosec were endorsed, the latter without any explicit discussion of medication efficacy. Neither the review of systems section of the note nor the past medical history made any mention of issues with reflux, heartburn, and/or dyspepsia. On December 19, 2014, the applicant was described as using eight tablets of Norco daily. There was no mention made of issues with reflux, heartburn, and/or dyspepsia at any point in the past medical history or the review of systems section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy, include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the patient was/is off of work, despite ongoing usage of Norco. The applicant was described as having ongoing complaints of pain and disability associated with her neck shoulder, despite ongoing Norco usage. The attending provider failed to outline any meaningful, material improvements in function and/or quantifiable decrements in pain achieved as a result of ongoing opioid therapy on multiple progress notes of October and September 2014, referenced above. Therefore, the request is not medically necessary.

Prilosec 20mg #30 with four refills: 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 NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was/is no mention of any active issues of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on several progress notes, referenced above. Issues of reflux, heartburn, and/or dyspepsia were not discussed or detailed in the review of systems section of any of the progress notes in question. Therefore, the request is not medically necessary.