

Case Number:	CM14-0200984		
Date Assigned:	12/11/2014	Date of Injury:	09/04/2013
Decision Date:	01/30/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/01/2014

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 and low back pain reportedly associated with an industrial injury of September 4, 2013. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for Omeprazole, Naproxen, and Norco. The claims administrator referenced an October 17, 2014 progress note and associated RFA forms in its denial. The claims administrator suggested that the applicant was off of work, on total temporary disability. The applicant's attorney subsequently appealed. In an appeal letter dated October 17, 2014, the attending provider stated that the applicant had received several lumbar epidural steroid injections and was pending lumbar medial branch blocks. The attending provider stated that the applicant had been seen in his office since 2013. The attending provider stated that he is requesting reconsideration of denials of Omeprazole, Naproxen, and Norco. The appeal letter was highly templated. It was suggested (but not clearly stated) that Omeprazole was being employed for gastro-protective effect as opposed to for active symptoms of dyspepsia. On October 30, 2014, the applicant received multilevel lumbar medial branch blocks. On September 18, 2014, the applicant reported persistent complaints of low back pain, 7-1/2 to 8/10, with radiation of pain to the right leg. The applicant exhibited a visibly antalgic gait. In the gastrointestinal review of systems section, the applicant denied any history of peptic ulcer disease, irritable bowel syndrome, diarrhea, or constipation. The applicant was asked to pursue medial branch blocks. There was no explicit discussion of medication selection or medication efficacy. In the ENT review of systems of the note, the applicant denied any issues with dysphagia. On August 20, 2014, the applicant again reported persistent complaints of low back pain radiating into right leg. The applicant was placed off of work, on total temporary disability. It was stated that the applicant was a candidate for a functional restoration program. There was no explicit discussion of medication selection or

medication efficacy. On August 21, 2014, the applicant's chronic pain physician suggested that the applicant continue his current medications, including Norco. Once again, there was no explicit discussion of medication efficacy. 8/10 pain was reported, reportedly constant and severe. The applicant reportedly had a negative gastrointestinal review of systems. On July 24, 2014, the applicant was asked to continue Norco. Severe, 8/10 low back pain was again reported despite a recent epidural steroid injection. The applicant stated that Naproxen, Norco, and Protonix were helping him. This was not quantified. The applicant was drinking occasionally, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: The request for Omeprazole, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. The attending provider suggested that the applicant was using Omeprazole for gastro-protective effect as opposed to for active symptoms of dyspepsia. However, the applicant did not seemingly meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. However, page 68 of the MTUS Chronic Pain Medical Treatment Guidelines outlines criteria for prophylactic usage of proton pump inhibitors. These criteria have not seemingly been met here. Specifically, the applicant is less than 65 years of age (age 43). The applicant is not using multiple NSAIDs. The applicant is not using NSAIDs in conjunction with corticosteroids. The applicant has no history of peptic ulcer disease or prior GI bleeding. The applicant is not using multiple NSAIDs. The applicant is not using NSAIDs in conjunction with corticosteroids. Therefore, the request for Omeprazole was not medically necessary.

Naproxen 550 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, and on the Functional Restoration Approach to Chronic Pain Manage.

Decision rationale: Similarly, the request for Naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naproxen do represent the traditional first line of treatment for various

chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. The applicant is on total temporary disability, both the attending provider and claims administrator have acknowledged. The applicant continues to report severe 8/10 pain on multiple office visits, referenced above, including on August 21, 2014, and September 18, 2014. The attending providers failed to outline any meaningful improvements in function or tangible decrements in pain achieved as a result of ongoing Naproxen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing Naproxen usage. Therefore, the request was not medically necessary.

Norco 10/325 mg, #60: Upheld

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

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

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 applicant is off of work. The applicant is on total temporary disability, both the attending provider and claims administrator have acknowledged. The applicant continues to report severe 8/10 pain on multiple office visits, referenced above, including on August 21, 2014, and September 18, 2014. The attending providers failed to outline any meaningful improvements in function or tangible decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Norco 10/325 mg, #120: Upheld

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

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

Decision rationale: Finally, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 applicant is off of work. The applicant is on

total temporary disability, both the attending provider and claims administrator have acknowledged. The applicant continues to report severe 8/10 pain on multiple office visits, referenced above, including on August 21, 2014, and September 18, 2014. The attending providers failed to outline any meaningful improvements in function or tangible decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.