MAXIMUS Federal Services

Case Number:	CM14-0201307		
Date Assigned:	12/11/2014	Date of Injury:	05/15/1995
Decision Date:	01/28/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/02/2014

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 Geriatrics and is licensed to practice in New York. 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 47 year old woman with a date of injury of 5/15/95. She was seen by her primary treating physician on 10/13/14 with complaints of severe pain in her lumbar spine with radiation to both legs and pain in the right knee. She reported relief of pain at 35% with use of her medications. Her exam showed restriction in lumbar flexion and extension with tenderness to palpation over the paravertebral musculature with spasm. His right knee range of motion was 10 to 100 degrees with palpable tenderness and a mild effusion. She had normal motor and reflex exam with decreased sensation over the right thigh and calf. Straight leg raise test produced pain in both feet. Her diagnoses were herniated disk - lumbar spine and degenerative joint disease - right knee. At issue in this review is the request for norco, Prilosec and Colace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 1995. The medical course has included numerous treatment modalities and use of several medications including narcotics. In Opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 10/14 fails to document any significant improvement in pain, functional status or a discussion of side effects to justify use. Additionally, the long-term efficacy of Opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records.

Colace 100mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date: management of chronic constipation in adults.

Decision rationale: Colace (docusate) is a stool softener often used in the treatment of constipation. In this injured worker, though she is prescribed Opioids which can cause constipation, it is not documented in the review of systems, history or physical exam that she has any issue with constipation to justify medical necessity for the Colace.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.