

Case Number:	CM14-0202210		
Date Assigned:	12/12/2014	Date of Injury:	11/04/2005
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab 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 75 year old female with date of injury 11/04/05. The treating physician report dated 10/27/14 (95) indicates that the patient presents with muscle spasms affecting her neck and low back. The patient complains of increased heartburn secondary to the prescribed medications. The physician notes a "flare-up of symptoms" with a pain level of 6-8/10. Her pain is moderate to severe and is frequent and constant with weakness, aches and soreness. The physical examination findings reveal a decrease in lordotic curvature of the cervical spine. The patient has tenderness to palpation with muscle spasm over the suboccipital muscles and paravertebral musculature. Prior treatment history includes x-rays, medication, acupuncture and physical therapy. MRI findings reveal L5-S1 broad-based disc bulge with mild facet arthropathy, degenerative disc bulge with mild facet arthropathy, degenerative desiccated disc. At L4-5 there is severe spinal stenosis. At L3-4 there is broad-based disc bulge with moderate narrowing of the left neuroforamina. The current diagnoses are: 1.Cervical musculoligamentous sprain/strain with spondylosis, degenerative disc disease, severe C4-C7 degenerative joint disease and degenerative disc disease2.Lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis with multilevel discs degeneration/disc bulges with facet hypertrophy and severe spinal stenosis at L4-L5The utilization review report dated 11/09/14 (109) denied the request for Norco 5/325 mg #60 based on the patient not failing a trial of non-opioid analgesics as well as not having detailed functional assessments. The utilization review report dated 11/09/14 denied the request for Prilosec 20 mg #30 based on the patient discontinuing her NSAID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-77.

Decision rationale: The patient presents with pain and muscle spasms affecting the neck and lower back. The current request is for Norco 5/325 #60. The treating physician states that there is a flare-up of her symptoms after her left leg gave way while ascending stairs, causing her to fall down. The MTUS guidelines state that "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics." In this case, the treating physician has documented a reduction in the patient's use of Tylenol ES 500 mg with acupuncture therapy up until the recent flare-up. There has not been an attempt of a trial of non-opioid analgesics with regard to this recent flare-up. Therefore, the request is not medically necessary.

Prilosec 20 mg, thirty count: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with pain and muscle spasms affecting the lower back. The current request is for Prilosec 20 mg #30. The treating physician states that the patient has increased heartburn secondary to the prescribed medications. The MTUS guidelines state, "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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." In this case the treating physician instructed the patient to discontinue her use of Tylenol ES 500 mg. She will no longer be on NSAID therapy; therefore there is no documentation as to why the patient would need a proton pump inhibitor. Therefore, the request is not medically necessary.