

Case Number:	CM14-0204725		
Date Assigned:	12/17/2014	Date of Injury:	06/26/2004
Decision Date:	02/04/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/08/2014

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:

Patient is a 61 year-old female with date of injury 06/26/2004. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/03/2014, lists subjective complaints as pain in the neck, back, left shoulder and bilateral knees. Objective findings: Tenderness to palpation of the right and left medial and lateral joint lines. Tender left subacromial space. No other physical examination findings were reported by the requesting physician. Diagnosis: 1. Cervical disc disease/ lumbar disc disease 2. Left rotator cuff repair 3. Bilateral knee arthritis. The medical records supplied for review document that the patient has been taking the following medication since at least 05/14/2014. Medication: 1. Norco 10/325mg, #90 SIG: TID 2. Prevacid 30mg, #60 SIG: Q Day

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on "documented pain relief and functional improvement or improved quality of life." Despite the long-term use of Norco, the injured has reported very little, if any, functional improvement or pain relief over the course of the last several months. 10/325 MG #90 is not medically necessary.

Prevacid 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the injured worker has any of the risk factors needed to recommend the proton pump inhibitor Lansoprazole. Prevacid 30 MG #60 is not medically necessary.