

Case Number:	CM14-0205204		
Date Assigned:	12/17/2014	Date of Injury:	09/18/1980
Decision Date:	02/11/2015	UR Denial Date:	11/18/2014
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:

This is a 69-year-old male with a 9/18/80 date of injury. According to a progress report dated 12/6/14, the patient continued to complain of low back pain radiating to both legs with numbness and tingling. The pain and weakness in both legs were aggravated by ambulation. Medications and compound creams were helpful. The patient's medication regimen consisted of Fexmid, Prilosec, Ultram ER, Norco, and Restoril. Objective findings: tenderness to palpation over the lumbar paraspinal musculature, decreased range of motion of lumbar spine, supine straight leg raise is positive at 20 degrees in the bilateral lower extremities, tenderness over the bilateral sacroiliac joints, sensation diminished to light touch and pinprick in the bilateral L5 and S1 dermatomal distribution. Diagnostic impression: lumbar discopathy with disc displacement, lumbar stenosis, lumbar spondylolisthesis, and bilateral sacroiliac arthropathy. Treatment to date: medication management, activity modification. A UR decision dated 11/18/14 denied the requests for Prilosec, Norco, and Restoril. Regarding Prilosec, the submitted records do not indicate this claimant had a past medical history significant for ulcers or gastrointestinal events, and the records do not indicate he has current gastrointestinal events. Regarding Norco, there is no indication of current or recent drug screens to document that this claimant is not aberrant with his medications. There is also a lack of documentation of failure of lesser medications. Regarding Restoril, the records do not indicate how long this claimant has been on this medication, but the records also do not indicate functional improvement with this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that this patient has gastrointestinal complaints. In addition, there is no documentation that he is currently taking an NSAID medication that would require the prophylactic use of omeprazole. Therefore, the request for Omeprazole 20mg DR #90 is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, given the 1980 date of injury, nearly 35 years ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. There is also no discussion regarding attempts at weaning the patient off of opioid medications. Therefore, the request for Norco 10/325mg #120 is not medically necessary.

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, in the present case, this patient has a date of injury of nearly 35 years ago, and the duration of benzodiazepine use is unclear. Guidelines do not support the long-term use of benzodiazepines. In addition, it is noted that this patient is also taking Norco. Guidelines do not support the concurrent use of opioids and benzodiazepines due to the risk of adverse effects, such as sedation and respiratory depression. Therefore, the request for Restoril 30mg #30 is not medically necessary.