

Case Number:	CM14-0205584		
Date Assigned:	12/17/2014	Date of Injury:	11/13/2000
Decision Date:	02/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehabilitation 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 64 year-old patient sustained an injury on 11/13/2000 while employed by. Request(s) under consideration include 1 Prescription of Norco 10/325mg #120 and 1 Prescription of Prilosec 20mg #30 with 3 refills. The patient continues to treat for chronic ongoing low back symptoms of stiffness and pain. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/21/14 from the provider noted continued persistent back and hip pain rated at 3/10; and right knee pain rated at 2/10; relieved with heat and aggravated by stairs, climbing, and walking. Exam showed unchanged findings of right knee crepitus, limited range with tenderness on anteromedial and lateral aspects with soft tissue swelling; guarding of motions; positive provocative maneuvers with varus, valgus, and anterior drawer testing; lumbar pain at L3-S1 facets on right with pain with rotational extension and secondary myofascial pain with triggering, fibrotic banding and spasm. Treatment included continuing with medications. The request(s) for 1 Prescription of Norco 10/325mg #120 was denied and 1 Prescription of Prilosec 20mg #30 with 3 refills was modified on 12/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96.

Decision rationale: This 64 year-old patient sustained an injury on 11/13/2000 while employed by. Request(s) under consideration include 1 Prescription of Norco 10/325mg #120 and 1 Prescription of Prilosec 20mg #30 with 3 refills. The patient continues to treat for chronic ongoing low back symptoms of stiffness and pain. Conservative care has included medications, therapy, and modified activities/rest. Report of 11/21/14 from the provider noted continued persistent back and hip pain rated at 3/10; and right knee pain rated at 2/10; relieved with heat and aggravated by stairs, climbing, and walking. Exam showed unchanged findings of right knee crepitus, limited range with tenderness on anteromedial and lateral aspects with soft tissue swelling; guarding of motions; positive provocative maneuvers with varus, valgus, and anterior drawer testing; lumbar pain at L3-S1 facets on right with pain with rotational extension and secondary myofascial pain with triggering, fibrotic banding and spasm. Treatment included continuing with medications. The request(s) for 1 Prescription of Norco 10/325mg #120 was denied and 1 Prescription of Prilosec 20mg #30 with 3 refills was modified on 12/4/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The 1 Prescription of Norco 10/325mg #120 is not medically necessary and appropriate.

1 Prescription of Prilosec 20mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk. Page(s): 68-69.

Decision rationale: This 64 year-old patient sustained an injury on 11/13/2000 while employed by. Request(s) under consideration include 1 Prescription of Norco 10/325mg #120 and 1 Prescription of Prilosec 20mg #30 with 3 refills. The patient continues to treat for chronic ongoing low back symptoms of stiffness and pain. Conservative care has included medications,

therapy, and modified activities/rest. Report of 11/21/14 from the provider noted continued persistent back and hip pain rated at 3/10; and right knee pain rated at 2/10; relieved with heat and aggravated by stairs, climbing, and walking. Exam showed unchanged findings of right knee crepitus, limited range with tenderness on anteromedial and lateral aspects with soft tissue swelling; guarding of motions; positive provocative maneuvers with varus, valgus, and anterior drawer testing; lumbar pain at L3-S1 facets on right with pain with rotational extension and secondary myofascial pain with triggering, fibrotic banding and spasm. Treatment included continuing with medications. The request(s) for 1 Prescription of Norco 10/325mg #120 was denied and 1 Prescription of Prilosec 20mg #30 with 3 refills was modified on 12/4/14 citing guidelines criteria and lack of medical necessity. The patient has been prescribed Ibuprofen since at least July 2012 and a proton pump inhibitor would be appropriate in preventing gastrointestinal conditions; however, as NSAIDs are not recommended for long term use without demonstrated functional improvement, the Prilosec would not be indicated in this case, especially without any documented GI symptoms or diagnosis. Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly, diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The 1 Prescription of Prilosec 20mg #30 with 3 refills is not medically necessary and appropriate.