

Case Number:	CM14-0096820		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2009
Decision Date:	01/27/2015	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/06/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 claimant is a 60 year old injured worker who presented with a history of chronic persistent neck pain and stiffness following a work related injury in 2004. The mechanism of injury was not listed in the records submitted for review. According to the most recent primary treating physician's progress report dated 03/12/2014 the injured worker was diagnosed with status post cervical spinal revision; greater than 50 % improved and chronic cervical spine sprain/ strain. Physical examination of the cervical spine revealed spasm, pain and decreased range of motion. There is numbness in the right thumb. He has difficulty swallowing. There was tenderness to palpitation over the cervical spine facet joints C4-7. The injured worker's past or present medication regime was not submitted for this review. However, it was noted that medications do help the injured worker maintain functional status. Discussion and documentation related to other prior conservative treatments such as; physical therapy, chiropractic therapy or acupuncture was not submitted for this review. There was no mention of objective measureable improvement or functional improvement as defined MTUS in the records provided. The treatment plan consisted of refill Norco 10/325 two tablets three times daily, Prilosec 20 one tablet two times daily and Genocin one three times daily. A laboratory toxicology results report dated 04/27/2011 was positive for Hydrocodone (Vicodin) and Hydromorphone (Dilaudid). The injured worker's work status was reported as permanent and stationary. An RFA (request for authorization), DWC PR-2 form or narrative report associated with the requested item(s) or treatment was not submitted for this review. A utilization review determination dated 05/08/2014 denied the request for Norco 10/325mg #90 citing that there was no documentation of subjective or objective benefit from the use of this medication. Additionally denied the request for Prilosec 20mg #30 citing that documentation did not support that the CAMTUS criteria for recommended use of this medication and Genocin #90 citing that there was no documentation of a diagnosis to warrant the

continued use of this medication and the prescription form did not document any claimant specific information to support this medication.

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 Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:<(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least 2011, without documentation of functional improvement or evidence of improvement of activity of daily living. Therefore, the prescription of Norco 10/325 mg, #90 is not medically necessary.

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 NSAIDs, GI symptoms & cardiovascular risk. Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no

documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg #60 prescription is not medically necessary.

Genocin #90: Upheld

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

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: < Chloroquine. <http://reference.medscape.com/drug/aralen-chloroquine-phosphate-chloroquine-342687>>

Decision rationale: Genocin is used fro autoimmune rheumatological disorder and an anti Malaria drug. There is no documentation that the patient is suffering from any of these conditions. Therefore, the request is not medically necessary.