

Case Number:	CM15-0002264		
Date Assigned:	01/13/2015	Date of Injury:	05/19/2009
Decision Date:	03/16/2015	UR Denial Date:	12/14/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 injured worker is a 53-year-old male who reported an injury on 05/19/2009. The mechanism of injury involved a fall. The current diagnoses include lumbosacral/thoracic neuritis/radiculitis, lumbar discogenic syndrome, lumbar intervertebral disc disease, status post surgery in 2011, myofascial pain, and sacroiliac ligament sprain. The injured worker presented on 11/26/2014 with complaints of 7/10 low back pain with radiation into the lower extremities. The physical examination only revealed tenderness to palpation. It is noted that the injured worker utilized a cane for ambulation assistance. Laboratory studies were recommended at that time.

Additionally, the injured worker was given a prescription for Vicodin and Omeprazole. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300 #80: 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): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There is no evidence of a failure of nonopioid analgesics. There is no documentation of a written pain consent or agreement for chronic use of an opioid. A urine toxicology report was not provided. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.

Omeprazole 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet the criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

CBC, CMP Standard Liver and Kidney Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

Decision rationale: The California MTUS Guidelines recognize the risk for liver and kidney problems due to long term and high dose use of NSAIDs and acetaminophen. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. Repeat testing should be based on patient risk factors and related symptoms. In this case, the injured worker does not exhibit any signs or symptoms suggestive of an abnormality due to medication use. Therefore, the medical necessity has not been established. As such, the request is not medically appropriate at this time.