

Case Number:	CM15-0003862		
Date Assigned:	01/14/2015	Date of Injury:	06/30/2009
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: New York

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

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 46 year old male with an industrial injury on 06/30/2009 due to repetitive work. He returned on 12/05/2014 for follow up. The injured worker had left knee surgery on 11/15/2014 but had not started post-operative physical therapy. He continued to have lower back pain rated as 8 without the use of medications and 7 with the use of medications. Diagnosis was lumbar 5 pars fracture, incisional pain, abdomen, left chronic lumbar 5 and sacral 1 radiculopathy confirmed by electro diagnostic studies dated 08/06/2013, status post lumbar 5-sacral 1 lumbar interbody fusion 02/09/2010, Chondromalacia of the left knee, symptomatic hardware lumbar 5- sacral 1, status post lumbar 5 - sacral 1 posterior spinal instrumentation and fusion with Gill laminotomy 12/21/2012 and status post removal of hardware lumbar spine 02/12/2014. On 12/18/2014 Utilization Review denied the request for Prilosec 20 mg # 60 noting there was no documentation as to the exact symptoms which would require Omeprazole. The patient is not at high risk for gastrointestinal events. In addition the dosage was not indicated. MTUS was cited. The request for Norco 10/325 mg # 120 post dated for 01/05/2015 was denied noting the request on 12/05/2014 was modified to # 60 in an attempt to allow for weaning. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: For on-going opiate management there must be documentation of analgesia, adverse effects, improved functionality with respect to ability to do activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review did not meet those criteria. The request of opiates was modified for slow weaning and this is the appropriate course at this time based on the documentation provided for review.

Norco 10/325mg #120 (post dated rx for 1/5/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

Decision rationale: For on-going opiate management there must be documentation of analgesia, adverse effects, improved functionality with respect to ability to do activities of daily living or work and monitoring for drug seeking abnormal behavior. The documentation provided for review did not meet those criteria. The request of opiates was modified for slow weaning and this is the appropriate course at this time based on the documentation provided for review. The previous request for Norco in 12/2014 was modified for weaning.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GERD Page(s): 68-69. Decision based on Non-MTUS Citation Physicians' Desk Reference (PDR), 2014

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

Decision rationale: There is no documentation of peptic ulcer disease or a GI bleed. He is under the age of 65. There is no diagnosis that would support daily PPI administration. Prilosec is not medically necessary for this patient.