

Case Number:	CM15-0003942		
Date Assigned:	01/15/2015	Date of Injury:	03/26/2014
Decision Date:	03/23/2015	UR Denial Date:	12/16/2014
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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female who reported an injury on 03/26/2014. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of L4-5 herniated nucleus pulposus with stenosis and ligamentum flavum hypertrophy with left lower extremity radiculitis and radiculopathy. Past medical treatment consists of physical therapy, epidural steroid injections, and medication therapy. Medications included a topical analgesic, flurbiprofen, and Ultracet 37.5/325 mg. On 10/24/2014, the injured worker underwent a urine drug screen that showed that the injured worker was not consistent with prescription medications. On 12/30/2014, the injured worker was seen for a follow-up appointment where she complained of low back pain that she rated at a 5/10 to 6/10 which radiated into the bilateral lower extremities with associated numbness and tingling as well as burning and cramping. The physical examination of the lumbar spine revealed some tenderness to palpation over the paraspinal/paraspinous process. The injured worker had a positive straight leg raise. There was also positive sacroiliac joint tenderness. Range of motion of the lumbar spine revealed a forward flexion at 20/60 degrees, extension at 5/25 degrees, right lateral bend at 5/25 degrees, and left lateral bend at 5/25 degrees with pain. The medical treatment plan was for the injured worker to continue with medication therapy. A rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management, Opioids, dosing Page(s): 60, 78, 86.

Decision rationale: The request for Ultracet 37.5/325mg #60 is not medically necessary. California MTUS/ACOEM Guidelines state that opiates are for the use of chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dose of all opiates should not exceed 120 mg oral morphine equivalents per day. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the medication was helping with any functional deficits the injured worker had. A UA which was obtained on 10/24/2014 showed that the injured worker was inconsistent with prescription medications. Furthermore, there were no assessments submitted for review indicating what the pain levels were before, during, and after medication administration. Given that there were no other significant factors provided to justify the continuation of the medication, the request would not be indicated. As such, the request for Ultracet 37.5/325mg #60 is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Procedure Summary, Proton Pump Inhibitors (PPI's)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for omeprazole 20mg #30 is not medically necessary. According to the California MTUS Guidelines, proton pump inhibitors may be recommended for patients with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. The submitted documentation did not indicate that the injured worker had any complaints of dyspepsia. Furthermore, there was no evidence of the injured worker being at moderate to high risk for gastrointestinal events. On progress note dated 12/30/2014, the injured worker denied heartburn, nausea, vomiting, or any other GI deficits. Given that there were no other significant factors provided to warrant the request, the medication would not be indicated. As such, the request for omeprazole 20mg #30 is not medically necessary.