

Case Number:	CM15-0102096		
Date Assigned:	06/04/2015	Date of Injury:	01/02/2014
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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
 Certification(s)/Specialty: Emergency 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:

This is a 40 year old male with a January 2, 2014 date of injury. A progress note dated February 20, 2015 documents subjective findings (radiating nerve pain; lower back pain radiating down bilateral lower extremities rated at a level of 6-8/10; continuing daily bladder incontinence episodes), objective findings (4/5 right hip flexion, knee extension; decreased pinwheel sensation of the right lower extremity, as compared to the left; 3+ bilateral patellar deep tendon reflexes), and current diagnoses (lumbar radiculopathy; lumbar myelopathy; lumbar facet syndrome). Treatments to date have included medications, imaging studies, chiropractic treatments, diagnostic studies, and physical therapy. The medical record identifies that medications help control the pain, and that Prilosec helps with reflux symptoms. The treating physician requested authorization for prescriptions for Norco and Pantoprazole.

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 Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has reported persistent severe pain and functional deficits even with norco. The lack of documentation of benefit from current opioid therapy does not support prescription for Norco. The request is not medically necessary.

Pantoprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on Relafen and has noted dyspepsia. Patient was previously on prilosec and was switched to pantoprazole. PPI therapy on patient on NSAID therapy with dyspepsia meets criteria and is medically necessary.