

Case Number:	CM15-0010173		
Date Assigned:	01/21/2015	Date of Injury:	02/19/2004
Decision Date:	05/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 (IW) is a 62-year-old male who sustained an industrial injury on 02/19/2004. Diagnoses include strain/sprain of the lumbar spine with disc bulging, strain/sprain of the cervical spine and status post anterior/posterior lumbar fusion at L4-S1. The past surgery history is significant for multiple left shoulder surgeries and lumbar spine fusion. Treatment to date has included medications, trigger point injections and home exercise. Diagnostics performed to date included x-rays, CT scan and MRIs. According to the progress report dated 12/10/14, the IW reported lower back pain rated 5/10 with numbness and tingling radiating into the left leg and foot. He states the Norco allows him to perform his normal activities of daily living. On exam, there was tenderness over the lumbosacral spine. Prescriptions for Norco and Prilosec were requested for pain control and treatment of stomach irritation. The patient is awaiting authorization for removal of lumbar spine total hardware removal surgery. A Utilization Review determination was rendered recommending non certification for Norco 10/325mg #100 and Prilosec 20m #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325MG #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedatives. The records indicate that the patient is experiencing exacerbation of the low back pain. There is documentation of pain relief and improvement in physical function with utilization of Norco. The recommendation for surgical removal of the lumbar spine hardware is awaiting authorization. There is no report of aberrant drug behavior or adverse medication effect. The criteria for the use of Norco 10/325mg #100 was met. Therefore, the requested treatment is medically necessary.

Prilosec 20MG #30 With 2 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

Decision rationale: The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patient with a history of gastrointestinal disease. The records indicate that this 62 year old patient have a history of NSAIDs induced gastric disease. There is documentation of gastritis and gastrointestinal discomfort with utilization of Anaprox. The criteria for the use of Prilosec 20mg #30 with 2 Refills was met. Therefore, the requested treatment is medically necessary.