

Case Number:	CM15-0130086		
Date Assigned:	07/16/2015	Date of Injury:	05/27/1992
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 53 year old male who sustained an industrial injury on 5/27/92. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having lumbar degenerative joint disease. Currently, the injured worker was with complaints of ongoing back pain with muscle spasms as well as a burning sensation to the left lower extremity. Previous treatments included status post laminectomy and discectomy at L4-5 and L5-S1, oral pain medication, chiropractic treatments, home exercise program and lumbar epidural blocks. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was documented as working. The injured workers pain level was noted as 10/10 without medication and 4/10 with medication. Physical examination was notable for lumbar trunk with palpable muscle spasms, ambulates with limp, pain with range of motion, absent left Achilles reflex. The plan of care was for Norco 10/325 milligrams quantity of 60 and Prilosec 40 milligrams quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects (dyspepsia is improved with Prilosec) or aberrant use. Drug screens are said to be consistent. Patient also has a pending consultation with pain management. In light of the above, the currently requested Norco (Hydrocodone/acetaminophen) is medically necessary.

1 prescription of Prilosec 40mg #30: Overturned

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 of 127.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to medication use that is helped by concurrent use of Omeprazole. In light of the above, the currently requested Omeprazole (Prilosec) is medically necessary.