

Case Number:	CM15-0136556		
Date Assigned:	07/24/2015	Date of Injury:	03/04/2001
Decision Date:	08/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/14/2015

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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker (IW) is a 57 year old male who sustained an industrial injury on 03/04/2001. The mechanism of injury and initial report of injury are not found in the records reviewed. The injured worker was diagnosed as being status post lumbar spine fusion with residuals. Treatment to date has included a lumbar spine fusion. No date of the surgery is given in the provider notes. Currently, the injured worker complains of constant low back pain that is aching, stabbing and burning with numbness and radiation to the right greater than left leg. He rates his pain as an 8 on a scale of 0-10. He has aching and stabbing and burning pain with numbness in his legs which he rates a 7 on a scale of 0-10, and complains of pain with numbness in his left foot rated as a 5 on a scale of 0-10. He is taking Norco and Neurontin, and Norco helps his pain. On examination of the lumbar spine, there is slight flattening of the lumbar lordosis with a well-healed surgical scar and no swelling on inspection of the posterior lumbar spine region. There is tenderness to palpation in the paraspinal muscles of the lumbar region bilaterally and midline tenderness. There are no muscle spasms. Range of motion is diminished in all planes. Sensation testing with a pinwheel is slightly abnormal, and motor examination is normal. A urine toxicology screen of 05/08/2015 has results reflecting the prescribed medications with an inconsistent result of Temazepam in the drug screen. In the May 8, 2015 provider notes, the plan is for administration of pain medications and follow up within six weeks for an orthopedic evaluation. A request for authorization was made for the following: 1. Prilosec 20mg one by mouth twice a day quantity 60. 2. Norco 10/325mg 1 by mouth every four to six hours as needed quantity 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg one by mouth twice a day quantity 60: Upheld

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

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg one by mouth twice a day quantity 60 refill: 1 prescription is not medically necessary.

Norco 10/325mg 1 by mouth every four to six hours as needed quantity 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: " (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug- related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of improvement of activity of daily living. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Norco 10/325mg 1 by mouth every four to six hours as needed quantity 100 is not medically necessary.