

Case Number:	CM15-0138290		
Date Assigned:	07/28/2015	Date of Injury:	07/14/1998
Decision Date:	08/31/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 60-year-old male, who sustained an industrial injury on 7/14/1998. He reported pain in his low back and left knee. Diagnoses have included lumbar radiculitis, L3-4 and L4-5 disc bulge with stenosis, and bilateral knee osteoarthritis. Treatment to date has included left knee surgery, physical therapy, lumbar epidural injections, home exercise program and medication. According to the progress report dated 7/2/2015, the injured worker complained of increasing pain in his lower back. He required Norco two to three times a day. He ambulated with an antalgic gait with a cane in the right hand. Straight leg raise was positive bilaterally. Sensation was decreased in the right posterolateral thigh to foot. The bilateral knees were swollen with positive crepitus and increased pain at the medial joint lint. The injured worker was noted to be status post two lumbar epidural injections with good relief. Authorization was requested for Omeprazole and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI events Page(s): 68-73.

Decision rationale: CA MTUS states that proton pump inhibitors (PPI) like omeprazole are indicated in patients taking NSAIDS who are at risk of an adverse GI event. These risk factors include: 1) age over 65 years, 2) history of peptic ulcer, GI bleed or perforation, 3) concurrent use of ASA, corticosteroids or anticoagulants, and 4) usage of high dose or multiple NSAIDS. In this case, the patient does not meet any of the criteria for GI events. She is taking a recommended dose of Naprosyn and has no GI complaints. Therefore this request is deemed not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: CA MTUS states that ongoing use of opioids in chronic pain patients is warranted for long-term use if there is documentation evidence of pain relief and functional improvement, including return to work. The lowest possible dosage is recommended. In this case, the medical records submitted fail to document pain relief and functional improvement with long-term ongoing opioid usage. Therefore, this request is deemed not medically necessary.