

Case Number:	CM15-0139022		
Date Assigned:	07/31/2015	Date of Injury:	12/24/2013
Decision Date:	09/21/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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 26-year-old male, who sustained an industrial injury on 12-24-13. The mechanism of injury is not indicated. The injured worker was diagnosed as having pain in hand joint, thoracic disc displacement and degeneration of cervical disc. Treatment to date has included physical therapy, oral medications including Gabapentin, Relafen, Omeprazole and Norco; topical Lidoderm patches, hand therapy, left hand surgery and activity restrictions. Currently on 6-18-15, the injured worker complains of mid thoracic pain and left wrist and hand pain. He notes the physical therapy was effective and medications help to relieve his symptoms. Work status is noted to be modified with restrictions. Physical exam performed on 6-18-15 revealed tenderness over the dorsum and palmar aspect of the left wrist, tenderness of thoracic spine with palpation and tenderness and 2 surgical healing scars of left hand. The treatment plan included request for 10 visits for left hand therapy, prescriptions for: Senna 8.6mg #90, Omeprazole 20mg #60 and Norco 10-325mg #60. An appeal letter dated July 24, 2015 notes that the patient is using Norco for breakthrough pain. The note states that the patient finds Norco to be beneficial with pain reduction and overall functional improvement. He is able to perform activities of daily living better with less pain. A urine drug screen performed on May 7, 2015 was consistent. There has been no dose escalation or diversion of medication. The patient has a signed opiate agreement, which was signed on March 5, 2015. The risks and benefits of the medicine have been discussed. The patient reports constipation with the use of Norco and Senna resolves the constipation. The patient complains of heartburn secondary to the use of oral medications including NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid Induced Constipation Treatment.

Decision rationale: Regarding the request for Senna, California MTUS does not contain criteria regarding constipation treatment. ODG states that opioid induced constipation is recommended to be treated by physical activity, maintaining appropriate hydration, and following a diet rich in fiber. Over-the-counter medication such as stool softener's may be used as well. Second line treatments include prescription medications. Within the documentation available for review, it does appear the patient has constipation from Norco. This is resolved with the use of Senna. As such, the currently requested Senna is medically necessary.

Omeprazole Dr 20mg #60 with 5 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 Page(s): s 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

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, it does appear that the patient is having stomach irritation from anti-inflammatory medication. As such, the currently requested Omeprazole (Prilosec) is medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

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

Decision rationale: Regarding the request for Norco, California Pain, Medical Treatment Guidelines note that it 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 or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Norco is medically necessary.