

Case Number:	CM15-0145538		
Date Assigned:	08/06/2015	Date of Injury:	06/06/2012
Decision Date:	09/10/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/27/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 58 year old male, who sustained an industrial injury on 6-6-12 Initial complaints were not reviewed. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy; chronic pain syndrome; chronic knee pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 4-30-15 indicated the injured worker complains of ongoing low back pain and also has knee pain. His pain score is 5-6 out of 10. He notes hydrocodone helps him significantly and he denies any side effects of the medications. He reports the medications are not being authorized. He is ambulating with a walker and on physical examination the provider notes tenderness in the lumbar facet joints. His range of motion is unrestricted and accomplished without the injured worker expressing any complaints of pain during the maneuvers. There is no evidence of radiating pain to the lower extremities on lumber motion. Straight leg raising from the supine position is negative at 90 degrees bilaterally. Sensation is intact to light touch and pinprick in all dermatomes in the bilateral lower extremities. Other submitted PR-2 notes indicate the injured worker was offered trigger point injections bur refused. The notes dated 2-5-15 indicate the injured worker is undergoing chemotherapy or radiation for an iliac wing lesion. It is noted that some injection procedures usually offered could significantly compromise his immune system. The provider is requesting authorization of Norco 5/325 MG #90 with A 3 Month Supply and Prilosec 20 MG #90 with A 3 Month Supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #90 with A 3 Month Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 76-96.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as the prescribed medication. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. There is no report of UDS being appropriate and no mention of an appropriate first line agent for his neuropathic symptoms. Consequently, continued use of short acting opioids is not supported by the medical records and is not medically necessary.

Prilosec 20 MG #90 with A 3 Month Supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms Page(s): 68.

Decision rationale: According to the medical records reviewed and the cited guidelines, the above medication is not clinically necessary for the following reasons: there is no evidence of medication related gastritis documented in the clinic record and the patient is not at increased risk of gastritis as risk factors including advanced age, history of peptic ulcer, gastrointestinal bleeding or concurrent use of NSAID with steroids or anticoagulants are lacking. CA MTUS guidelines state that the use of a proton pump inhibitor should be limited to the recognized indications and not prescribed for prophylactic use if there are no risk factors documented. Additionally, it is recommended that it be used at the lowest dose for the shortest possible amount of time considering lack of documented necessity, the medication is not medically necessary at this time.