MAXIMUS Federal Services

Case Number:	CM15-0146244		
Date Assigned:	08/07/2015	Date of Injury:	12/04/2008
Decision Date:	09/03/2015	UR Denial Date:	07/01/2015
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
Certification(s)/Specialty: Emergency 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:

This injured worker is a 54-year-old female who reported an industrial injury on 12-4-2008. Her diagnoses, and or impression, were noted to include: status-post right shoulder open decompression resulting in impingement improvement; right carpal tunnel syndrome; cervical discogenic disease; cervical strain; lumbar discogenic disease and chronic lumbar strain; and status-post right anterior cruciate ligament tear surgery. X-rays of the right knee were taken on 2-24-2015; no current imaging studies were noted. Her treatments were noted to include diagnostic imaging studies (8-2014); trans-cutaneous electrical stimulation unit therapy; right knee injection therapy; medication management; and rest from work. The progress notes of 3-20-2015 reported severe pain in the neck and low back that was well managed on medications; and that she started acupuncture therapy. Objective findings were noted to include pain, spasms and decreased range-of-motion in the cervical spine, with bilateral cervical radiculopathy; pain across the right trapezius ridge; spasms and painful lumbar range-of-motion; positive bilateral Lasegues and bilateral straight leg raise; and bilateral lumbosacral radiculopathy. The physician's requests for treatments were noted to include the continuation of Norco, Anaprox and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets Qty 120.00: 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg tablets Qty 120.00, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe pain in the neck and low back that was well managed on medications; and that she started acupuncture therapy. Objective findings were noted to include pain, spasms and decreased range-of-motion in the cervical spine, with bilateral cervical radiculopathy; pain across the right trapezius ridge; spasms and painful lumbar range-of-motion; positive bilateral Lasegues and bilateral straight leg raise; and bilateral lumbosacral radiculopathy. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg tablets Qty 120.00 is not medically necessary.

Anaprox 550mg tablets Qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroid anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox 550mg tablets Qty 60.00, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has severe pain in the neck and low back that was well managed on medications; and that she started acupuncture therapy. Objective findings were noted to include pain, spasms and decreased range-of-motion in the cervical spine, with bilateral cervical radiculopathy; pain across the right trapezius ridge; spasms and painful lumbar range-of-motion; positive bilateral Lasegues and bilateral straight leg raise; and bilateral lumbosacral radiculopathy. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550mg tablets Qty 60.00 is not medically necessary.

Prilosec 20mg tablets Qty 60. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, PPI Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: The requested Prilosec 20mg tablets Qty 60.00, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has severe pain in the neck and low back that was well managed on medications; and that she started acupuncture therapy. Objective findings were noted to include pain, spasms and decreased range-of-motion in the cervical spine, with bilateral cervical radiculopathy; pain across the right trapezius ridge; spasms and painful lumbar range-of-motion; positive bilateral Lasegues and bilateral straight leg raise; and bilateral lumbosacral radiculopathy. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg tablets Qty 60.00 is not medically necessary.