

Case Number:	CM15-0149600		
Date Assigned:	08/14/2015	Date of Injury:	05/06/2004
Decision Date:	09/22/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	08/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 65 year old male sustained an industrial injury on 5-06-04. He subsequently reported back pain. Diagnoses include cervical sprain and lumbar strain and sprain. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the bilateral lower extremities and cervical pain that radiates to the bilateral shoulders. Upon examination, lumbar and cervical spine ranges of motion are reduced. There is minimal tenderness noted in the cervical spine. Straight leg raising test is positive bilaterally. A request for Physical therapy 2 times a week times 4 weeks, lumbar, cervical, right shoulder was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg #30 (DOS 04/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Omeprazole 20 mg #30 date of service April 21, 2014 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical sprain and lumbar sprain strain. Date of injury is May 6, 2004. Request for authorization is June 9, 2015. The medical record contains 59 pages. There are no progress notes dating back to 2014. According to an agreed medical examination (AME), the injured worker has low back complaints. The injured worker takes Norco and muscle relaxant. There are no gastrointestinal complaints in the medical record. The start date for Omeprazole is not documented. There are no comorbid conditions or risk factors for gastrointestinal events documented. The start date for Fexmid is not documented. There is no documentation demonstrating objective functional improvement with Fexmid. The start date for Norco is not documented. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation dating back to 2014, comorbid conditions and a start date for omeprazole and documentation demonstrating objective functional improvement, retrospective Omeprazole 20 mg #30 date of service April 21, 2014 is not medically necessary.

Retrospective Fexmid 7.5mg #60 (DOS 04/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Fexmid 7.5 mg #60 date of service April 21, 2014 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical sprain and lumbar sprain strain. Date of injury is May 6, 2004. Request for authorization is June 9, 2015. The medical record contains 59 pages. There are no progress notes dating back to 2014. According to an agreed medical examination (AME), the injured worker has low back complaints. The injured worker takes Norco and muscle relaxant. There are no gastrointestinal complaints in the medical record. The start date for Omeprazole is not documented. There are no comorbid conditions or risk factors for gastrointestinal events documented. The start date for

Fexmid is not documented. There is no documentation demonstrating objective functional improvement with Fexmid. Fexmid is indicated for short-term (less than two weeks). Timeframe for use is not documented in the record. The start date for Norco is not documented. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a start date for Fexmid, no documentation for duration of use and no documentation dating back to 2014, retrospective Fexmid 7.5 mg #60 date of service April 21, 2014 is not medically necessary.

Retrospective Norco 5/325mg #120 (DOS 04/21/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Norco 5/325mg #120 data service April 21, 2014 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical sprain and lumbar sprain strain. Date of injury is May 6, 2004. Request for authorization is June 9, 2015. The medical record contains 59 pages. There are no progress notes dating back to 2014. According to an agreed medical examination (AME), the injured worker has low back complaints. The injured worker takes Norco and muscle relaxant. There are no gastrointestinal complaints in the medical record. The start date for Omeprazole is not documented. There are no comorbid conditions or risk factors for gastrointestinal events documented. The start date for Fexmid is not documented. There is no documentation demonstrating objective functional improvement with Fexmid. Fexmid is indicated for short-term (less than two weeks). Timeframe for use is not documented in the record. The start date for Norco is not documented. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with detailed pain assessments or risk assessments, no documentation dating back to 2014 and no documentation demonstrating objective functional improvement, retrospective Norco 5/325mg #120 data service April 21, 2014 is not medically necessary.