

Case Number:	CM15-0161054		
Date Assigned:	08/27/2015	Date of Injury:	03/15/2002
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Texas, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 15, 2015. In a Utilization Review report dated August 10, 2015, the claims administrator partially approved a request for Norco while denying a request for omeprazole outright. The claims administrator did, somewhat incongruously, approve gabapentin. The claims administrator referenced an RFA form dated July 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a May 5, 2015 progress note, the applicant apparently presented with worsening pain complaints. Norco, omeprazole, Neurontin, and Prilosec were all seemingly renewed, without any seeming discussion of medication efficacy. There was no mention of the applicant is having issues with reflux at this point. On July 7, 2015, Norco, Neurontin, and Prilosec were all renewed. In an associated progress note dated July 7, 2015, the applicant again reported worsening complaints of low back pain radiating to the left flank. The applicant also apparently had an ancillary complaint of an incisional hernia, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg qty: 360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not reported on office visits of July 7, 2015 or May 5, 2015, referenced above, suggesting that the applicant was not, in fact, working. The applicant's pain complaints were described as worsened on both dates. The attending provider failed to identify quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as result of ongoing Norco usage. Therefore, the request was not medically necessary.

Omeprazole 20mg qty: 60: Upheld

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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for omeprazole (Prilosec), a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guideline does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. Here, however, there was no mention of the applicant is having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on progress notes of July 7, 2015 or May 5, 2015. Therefore, the request was not medically necessary.