

Case Number:	CM15-0161214		
Date Assigned:	08/28/2015	Date of Injury:	04/16/2003
Decision Date:	10/13/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/18/2015

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: 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:

The 50-year-old male injured worker suffered an industrial injury on 4-16-2003. The diagnoses included history of GI bleed, lumbar fusion, degenerative disc disease of the cervical spine, bilateral upper extremity radiculitis and lumbar spondylosis. The diagnostics included lumbar magnetic resonance imaging. The treatment included medications, surgery and spinal cord stimulator. On 5-5-2015, the treating provider reported the pain was rated 9 out of 10 and reduced to 6 out of 10 with medications. On exam there was altered gait and used a cane for support. The range of motion was limited with diffuse tenderness of the lumbar spine. He was uncomfortable sitting in the exam room chair. On 7-14-2015, the treating provider reported ongoing difficulty with headaches as well as pain in the neck, upper back, shoulder, chest low back, testicles and down both legs to the feet. He reported there was increased low back pain that feels different from before rated as 10 out of 10 but is reduced to 6 to 7 out of 10 with use of current medications. He reported his pain was decreased with medications and function improved. The Morphine Equivalent Dose (MED) for both opioid medications combined was 280 MED. There was a current opiate contract signed, consistent urine screen and a current risk assessment of aberrant drug behavior. The injured worker had not returned to work. The requested treatments included Norco, Ibuprofen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The documentation provided included evidence of a comprehensive pain assessment and evaluation with medication efficacy and a risk assessment for aberrant drug use. The MED for combined use of Norco and Methadone was 280 MED which exceeded the 120 MED maximum dosage. There is provision for pain management specialist to adjust that ceiling above that limit, however it was not clear if the prescriber was a pain management consultant. Furthermore, documentation fails to demonstrate adequate improvement in level of function or pain, to support the medical necessity for continued use of opioids. In the absence of significant response to treatment, the request for One (1) prescription of Norco 10/325mg #90 is not medically necessary.

One (1) prescription of Ibuprofen 800mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant improvement in pain on current medication regimen. With MTUS guidelines not being met, the request for One (1) prescription of Ibuprofen 800mg #30 with 3 refills is not medically necessary.

Prilosec DR 40mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of non-steroidal anti-inflammatory drug (NSAID). The documentation provided indicated the injured worker had a history of a GI Bleed. Being that the continued use of Ibuprofen has been approved; the use of prophylactic PPI medication is no longer indicated. The request for Prilosec DR 40mg #30 with 3 refills is not medically necessary by MTUS.