MAXIMUS Federal Services

Case Number:	CM15-0163564		
Date Assigned:	08/31/2015	Date of Injury:	06/15/1989
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial-work injury on 6-15-89. He reported an initial complaint of low back pain. The injured worker was diagnosed as having post laminectomy syndrome. Treatment to date includes medication, ice packs, ESI (epidural steroid injections), physical therapy, massage therapy, surgery (lumbar laminectomy in 1989, herniated disc 1990, lumbar fusion in 1991), and chiropractic treatment. X-ray results were reported on 4-4-11. Currently, the injured worker complained of increased low back with spasm with pain to the legs. Pain is reported at 5-9 out of 10. Per the primary physician's report (PR-2) on 6-30-15, exam noted moderate to severe discomfort, flattening of normal lumbar lordosis, trigger points to multiple areas of bilateral middle-lower back, positive straight leg raise bilaterally, positive bilaterally for radicular pain, spine extension restricted and painful, unable to stand on toes, and antalgic gait. The requested treatments include 1 Prescription of Norco 10/325mg and Lansoprazole 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several years. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

1 Prescription of Lansoprazole 30mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.