MAXIMUS Federal Services

Case Number:	CM15-0191509		
Date Assigned:	10/05/2015	Date of Injury:	03/12/2010
Decision Date:	11/10/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/29/2015

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 70 year old male, who sustained an industrial injury on 3-12-10. The injured worker is being treated for lumbar (HNP) herniated nucleus pulposus. (MRI) magnetic resonance imaging of lumbar spine was performed on 8-6-15. Treatment to date has included lumbar epidural myelogram, lumbar fusion, oral medications (for an unclear length of time). On 8-27-15, the injured worker complains of significant pain in his back into the buttocks and sown left leg to left thigh. On 8-27-15, physical exam revealed tenderness in left paralumbar area with severely limited range of lumbar motion, weakness over the left quad and a trace of weakness of left ankle dorsiflexor. He is currently awaiting surgery. On 8-27-15, a request for authorization was submitted for Omeprazole 20mg #60 and Ibuprofen Hydrocodone 200-7.5mg #120.On 9-25-15 request for Omeprazole 20mg #60 and Ibuprofen Hydrocodone 200-7.5mg #120 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG ,NSAIDs ,GI Symptoms and Cardiovascular Risk.

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

Decision rationale: According to the MTUS guidelines, Omeprazole 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. The claimant had been on Omeprazole for over a year with NSAIDS and there was no indication for long-term use of both. Therefore, the continued use of Omeprazole is not medically necessary.

Hydrocodone/Ibuprofen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: Hydrocodone 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 Hydrocodone for a year without pain score documentation. There was no mention of Tylenol or weaning failure. The continued use of Hydrocodone is not medically necessary. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks win which the claimant required a PPI. Continued use of Ibuprofen is not medically necessary. Therefore, the continued use of Hydrocodone/Ibuprofen is not necessary.