

Case Number:	CM15-0195827		
Date Assigned:	10/09/2015	Date of Injury:	01/29/2014
Decision Date:	11/18/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/05/2015

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 32 year old female, who sustained an industrial injury on 1-29-14. The injured worker is diagnosed with lumbosacral sprain, sacroiliac sprain, lumbar degenerative disc disease, lumbar disc protrusion L5-S1 and right lumbar radiculopathy. Her work status is temporary total disability. Notes dated 7-21-15-8-28-15 reveals the injured worker presented with complaints of right sided low back pain that is rated at 3-9 out of 10. Physical examinations dated 6-4-15-8-28-15 revealed tenderness to palpation over the right upper, mid and lower paravertebral muscles and at the right sacroiliac joint. Pain is caused by lumbar range of motion. The Patrick's and Gaenslen signs are positive. Treatment to date has included medications; Norco provides significant partial pain relief and provides the ability to engage in activities of daily living per note dated 8-28-15; pain management; home exercise program and a lumbar epidural steroid injection with minimal improvement per note dated 6-11-15. A request for authorization dated 9-4-15 for Norco 5-325 mg #120 is modified to #45 and Prilosec 20 mg #60 is denied, per Utilization Review letter dated 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5mg-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Weaning of Medications.

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

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 NSAIDS then Vicodin and Ultram for the past month and currently on Norco as needed. There was no mention of Tylenol failure. The claimant was previously getting 50% relief with NSAIDS. In addition, it was mentioned that Norco was only used when the pain was "bad" but the claimant was prescribed 4 tablets daily. The continued use of Norco is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Prilosec 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. Furthermore, the NSAID use was discontinued months ago. Therefore, the continued use of Prilosec is not medically necessary.