MAXIMUS Federal Services

Case Number:	CM15-0197445		
Date Assigned:	10/12/2015	Date of Injury:	09/09/2013
Decision Date:	11/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/07/2015

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: California
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 injured worker is a 31-year-old female, who sustained an industrial injury on 9-9-13. The injured worker is diagnosed with lumbar spine strain-sprain, cervical spine strain-sprain and lumbar radiculopathy. Her work status is temporary total disability. Notes dated 6-17-15 - 9-9-15 reveals the injured worker presented with complaints of neck and low back pain rated at 8 out of 10. She reports her neck pain radiates to her right trapezial muscles and her low back pain radiates to her right lower extremity experiencing tingling in the bottom of her right foot. Physical examinations dated 6-17-15 - 9-9-15 revealed tender "cervicolumbar paravertebrals" and painful cervical spine range of motion. The lumbar spine reveals positive right side straight leg raise with decreased motor and sensation noted. Treatment to date has included home exercise program, medications; Norco (2013), Prilosec (2013), Ultracet and Celebrex, physical therapy and acupuncture. The therapeutic response was not included. Diagnostic studies to date have included toxicology screens dated 7-29-15 and 9-9-15, which are negative, MRI (2013), electrodiagnostic studies (2014) and x-rays. A request for authorization dated 9-9-15 for Norco 10-325 mg and Prilosec 20 mg is denied, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

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

Decision rationale: Norco is noted to be a short acting opioid effective in controlling chronic pain and often used intermittently and for breakthrough pain. It is noted that it is used for moderate to moderately severe pain. The dose is limited by the Tylenol component and officially should not exceed 4 grams per day of this medicine. The most feared side effects are circulatory and respiratory depression. The most common side effects include dizziness, sedation, nausea, sweating, dry mouth, and itching. In general, opioid effectiveness is noted to be augmented with; 1. Education as to its benefits and limitations. 2. The employment of non opioid treatments such as relaxation techniques and mindfulness techniques. 3. The establishment of realistic goals, and; 4. Encouragement of self regulation to avoid the misuse of the medication. The MTUS notes that opioid medicines should be not the first line treatment for neuropathic pain because of the need for higher doses in this type of pain. It is also recommended that dosing in excess of the equivalent of120 mg QD of morphine sulfate should be avoided unless there are unusual circumstances and pain management consultation has been made. It is also stated that the use of opioids in chronic back pain is effective in short term relief of pain and that long term relief of pain appears to be limited. However, the MTUS does state that these meds should be continued if the patient was noted to return to work and if there was noted to be an improvement in pain and functionality. Also, it is noted that if the medicine is effective in maintenance treatment that dose reduction should not be done. The records indicate that the patient has been on different pain regimens for his chronic pain and that the most recent regimen is Norco and Prilosec. The patient is not being overdosed with either the narcotic or acetaminophen component and has had no suspicious finding on the urine drug screen. He has chronic severe pain and needs to take Norco for relief of symptoms. Therefore, the UR decision is reversed and therefore is medically necessary.

Prilosec 20mg (9/10/15): Upheld

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

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

Decision rationale: Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic gerd, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. Our patient is not on any NSAID medication and had no record in the chart of a GI disease or the risk of a GI disease that would require the use of Prilosec. Therefore, the UR was correct in its decision to deny this medication and therefore is not medically necessary.