

Case Number:	CM15-0198770		
Date Assigned:	10/14/2015	Date of Injury:	03/05/2004
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old male, who sustained an industrial injury on 03-05-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral carpal tunnel syndrome, chronic low back pain, thoracic strain, and gastrointestinal side-effects of Naprosyn. Medical records (05-21-2015 to 07-14-2015) indicate ongoing bilateral hand and wrist pain with numbness and tingling and mid-to-low back pain with pain in both lower extremities, and neck pain. Pain levels were rated 3-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW was permanent and stationary. The physical exam, dated 07-14-2015, revealed use of assistive device with ambulation, positive Lasegue's sign bilaterally in the lumbar region, decreased sensation bilaterally at L5-S1, pain bilaterally at L4-5 and S1 distributions, tenderness to palpation over the facet joints, positive straight leg raises bilaterally, decreased range of motion in the lumbar region, and positive Tinel's and Phalen's signs. Relevant treatments have included: bilateral carpal tunnel releases, lumbar fusion and hardware removal surgeries, physical therapy (PT), work restrictions, and pain medications (Norco, Colace and Prilosec since at least 05-2015). Current medications (per 07-14-2015 PR) include Colace, Norco and Prilosec. The request for authorization was not available for review; however, the utilization review letter states that the following medications were requested: Colace 100mg #90, Norco 10-325mg #180, and Prilosec 20mg #60. The original utilization review (09-10-2015) non-certified the request for Colace 100mg #90, Norco 10-325mg #180, and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100 mg Qty 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Opioid induced constipation.

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

Decision rationale: Colace 100 mg Qty 90 is not medically necessary per the MTUS Guidelines. The MTUS recommends prophylactic treatment of constipation should be initiated while on opioids. The documentation does not reveal that opioids are medically necessary. Therefore the request for Colace is not medically necessary.

Norco 10/325 mg Qty 180: Upheld

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

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

Decision rationale: Norco 10/325 mg Qty 180 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on opioids without significant functional improvement therefore the request for continued Norco is not medically necessary.

Prilosec 20 mg Qty 60: 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, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec 20 mg Qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Prilosec is not medically necessary.