

Case Number:	CM15-0199714		
Date Assigned:	10/14/2015	Date of Injury:	07/26/2007
Decision Date:	11/24/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/12/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 7-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for status post L4-L5 laminectomy-discectomy, lumbar spine radiculopathy L4, L5, and S1 positive electromyography (EMG) secondary to herniated lumbar disc L4-L5 5.2mm and L5-S1 4.3mm per MRI, anxiety, depression, insomnia, and hypertension secondary to pain. On 9-8-2015, the injured worker reported lumbar spine pain with numbness, burning, and tingling present depending on activity, with headaches, weight gain, loss of appetite, anxiety, and depression relying on rest, heat packs, bracing, and medications for pain and symptomatic relief. The Primary Treating Physician's report dated 9-8-2015, noted the injured worker underwent a caudal epidural steroid injection (ESI) on 6-15-2015 with over 60% pain relief, reduction in the medication amounts, and increase in her functional capabilities. The pain was note to have returned. The physical examination was noted to show tenderness to palpation along the lumbar paraspinal musculature, positive straight leg raise test, and hypoesthesia at the anterolateral aspect of the foot and ankle noted at the L4 and L5 dermatome distribution. The treatment plan was noted to include a request for a second injection to the lumbar spine, and prescriptions for Vicoprofen, Hysingla ER, Gabapentin, Motrin, and Prilosec. The initiation date of the medications was not indicated by the physician's notes. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-8-2015, requested Motrin 800mg #90, Gabapentin 300mg #90, Omeprazole DR 20mg #60, and Hysingla ER 40mg #30. The Utilization Review (UR) dated 10-2-2015, certified the requests for Motrin 800mg #90

and Gabapentin 300mg #90, and non-certified the requests for Omeprazole DR 20mg #60, and Hysingla ER 40mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 40mg #30: 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): Opioids, criteria for use.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. There is no evidence of significant pain relief or increased function from the opioids used to date and the injury occurred in 2007. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Hysingla ER 40 mg #30 is not medically necessary.

Omeprazole DR 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), Proton pump inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, there is no documentation that the patient is at risk for GI events. The request for omeprazole DR 20 mg #60 is not medically appropriate and necessary.