

Case Number:	CM15-0201870		
Date Assigned:	10/16/2015	Date of Injury:	07/31/2014
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/14/2015

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, North Carolina
 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 47 year old female, who sustained an industrial injury on 7-31-14. The injured worker is being treated for thoracic or lumbosacral neuritis or radiculitis, lumbar or lumbosacral disc degeneration, sleep disturbance, depressive disorder and anxiety state. On 7-13-15 and 9-10-15, the injured worker complains of intense, immobilizing pain from neck down back. She rates the pain 9 out of 10 and described as aching, burning, sharp and shooting with radiation to neck left shoulder, right shoulder, upper, middle and lower back, and head. She notes she has used over the counter medication and fruits for added fiber due to constipation. Work status is noted to be modified duty. Physical exam performed on 7-13-15 and 9-10-15 revealed an antalgic gait, painful cervical range of motion, tenderness to very light palpation of cervical, paracervical, trapezius and scapular musculature bilaterally and severe pain with light palpation throughout mid back, needs assistance throughout exam, painful, restricted range of motion of lumbar spine, severe pain with lightest palpation throughout lumbar spine midline, paralumbar musculature and sciatic notch bilaterally with decreased sensation to left lateral thigh. (MRI) magnetic resonance imaging of cervical spine has been performed revealing multilevel disc degeneration and lumbar spine revealed mild disc degeneration, significant L5-S1 with mild posterior disc bulge and no significant central or foraminal narrowing. Treatment to date has included physical therapy, chiropractic treatment, oral medications including Omeprazole 20mg (abdominal exam was not performed and documentation indicates no nausea or vomiting; however there is heartburn), Norco 5-325mg, Fenoprofen 400mg, transcutaneous electrical nerve stimulation (TENS) unit, anti-inflammatories and activity modification. On 9-10-15 request for authorization was submitted

for Omeprazole 20mg #60, Norco 5-325mg #60, Lidocaine 5%, Naproxen 550mg #60 and Senna 8.6mg #100. On 9-22-15 request for Omeprazole 20mg #60, Naproxen 550mg #60 and Senna 8.6mg #100 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:

Naproxen Sodium 550mg #60: Upheld

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

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

Decision rationale: Naproxen is an NSAID recommended for moderate to moderately severe pain. In regard to the request for Naproxen, there is no documentation of pain relief or increased function with the use of this medication. In addition, the patient described pain as "constant" without change before or after medication, nor efficacy of the Naproxen is not established. Therefore the request is not medically necessary or appropriate.

Omeprazole DR 20mg #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: The request is for Omeprazole, which may be indicated in patients on NSAIDs at risk for GI events. In this case, the NSAID Naproxen has not been certified, so Omeprazole should no longer be required. In addition, the patient has no risk factors for GI events, including age over 65 years; history of PUD, GI hemorrhage or perforation; concomitant use of ASA, corticosteroids or anticoagulants; or high dose/multiple NSAIDs. Therefore, this request is not medically necessary or appropriate.

Senna laxative 8.6mg #100: 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 Chapter, Opioid-induced constipation treatment.

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

Decision rationale: The request is for Senna for opioid-induced constipation. In this case, the request for Norco has been denied, so opioid-induced constipation should no longer be an issue. Therefore, the request for Senna is no longer medically necessary or appropriate.