MAXIMUS Federal Services

Case Number:	CM15-0206117		
Date Assigned:	10/22/2015	Date of Injury:	01/08/2011
Decision Date:	12/11/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/20/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 42 year old male, who sustained an industrial injury on 01-08-2011. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for dysthymic disorder, myalgia, lumbar radiculitis, lumbar degenerative disc disease, chronic pain syndrome, and low back pain. Treatment and diagnostics to date has included acupuncture, physical therapy, injections, and medications. Recent medications have included Norco, Naproxen, and Omeprazole. Subjective data (09-10-2015 and 10-07-2015), included continued low back pain rated 9-10 out of 10 without medications and 5-6 out of 10 with medications. Objective findings (10-07-2015) included "slight" antalgic gait, tenderness and muscle spasm noted over the right lumbar paraspinals, pain with lumbar flexion and extension, and positive right sided straight leg raise test. The request for authorization dated 10-08-2015 requested Prilosec 20mg #60, Anaprox, Norco 10-325mg #60, and Zofran ODT 8mg #10. The Utilization Review with a decision date of 10-15-2015 denied the request for Prilosec 20mg #60 and Zofran ODT 8mg #10 and modified the request for Norco 10-325mg #60 to Norco 10-325mg #54.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient is at risk for gastrointestinal events with NSAID use. In light of the above issues, the currently requested Prilosec 20mg # 60 is not medically necessary.

Norco 10/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco specifically is improving the patient's function (in terms of specific examples of objective functional improvement due to the Norco alone). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Norco 10/325 mg # 60 is not medically necessary.

Zofran ODT 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for Ondansetron (Zofran), California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that Ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, there is no indication that the patient has nausea as a result of any of these diagnoses. As such, the currently requested Zofran ODT 8mg #10 is not medically necessary.