

Case Number:	CM15-0026775		
Date Assigned:	02/19/2015	Date of Injury:	05/18/2012
Decision Date:	03/30/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida
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 (IW) is a 60 year old male who sustained an industrial injury on 05/18/2012. He has reported continued back pain and leg pain, left worse than right, neuropathic pain, headaches at least two times per week, and severe depression. Diagnoses include; recurrent disc herniation L5-S1; severe discogenic pain; degenerative disc disease and bilateral foraminal stenosis L4-5 and L5-S1; retrolisthesis/spondylolisthesis L4-L5 grade I; neuropathic pain with radicular symptoms, major depression; gastritis and left sacroiliitis. Treatments to date include decompression a microdiscectomy and laminotomy at L4-S1 with discectomy at L4-L5 (11/12/13); anti-inflammatory medications; chiropractic treatments; acupuncture therapy; pain medications; biofeedback; and psychiatric counseling. A progress note from the treating provider dated 01/22/2015 indicates he has had very slow progress post-surgery with ongoing pain and currently his condition is deteriorating. He has severe depression. On examination of the lumbar spine, he has pain to palpation over the L4-L5 area with palpable spasms. His range of motion is limited secondary to pain, sensory is decreased to light touch on the L5-S1 dermatomes, deep tendon reflexes are diminished or absent, and straight leg raise is positive on the left side with extension at 60 degrees causing pain radiating to the left foot. He has headaches and migraines and had difficulty with sexual function since the beginning of the injury due to pack pain. This is a request for Colace, Famotidine Omeprazole 20mg, and On 01/30/2015 Utilization Review non-certified a request for Colace 100mg #60 Units with 3 refills; non-certified a request for Famotidine 20mg #30 Units with 3 refills; and non-certified a request for Omeprazole 20mg #30 Units with 3 refills. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 Units with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pages 68-69. Page(s): NSAIDs, GI symptoms & cardiovas.

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state: Recommend with precautions as indicated. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole is not medically necessary.

Colace 100mg #60 Units with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating therapy (opiates) Page(s): 77.

Decision rationale: According to MTUS guidelines, "(d) Prophylactic treatment of constipation should be initiated." It is a well known fact that opiates can cause constipation. This patient is on Oxycodone, and this medication Colace (Docusate Sodium) is being prescribed in a prophylactic manner to prevent constipation. This is a medically reasonable decision, and likewise this request is considered medically necessary.

Famotidine 20mg #30 Units with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 103.

Decision rationale: MTUS guidelines states regarding H2 antagonists such as Famotidine, "treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding this patient's case, this patient is taking both a PPI and an H2 antagonist. The rationale for this is not discussed in the records. Records do state that the patient has gastrointestinal upset that is medication induced. Records do not state which medication is causing the gastrointestinal upset. The medical necessity of this request for Famotidine has not been established, and likewise, this medication request is not considered medically necessary.