

Case Number:	CM15-0210500		
Date Assigned:	10/29/2015	Date of Injury:	06/01/2012
Decision Date:	12/10/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/26/2015

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
 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 32 year old male, who sustained an industrial injury on 6-1-2012. The injured worker was being treated for lumbar intervertebral disc degeneration, status post T12-L2 (thoracic 12-lumbar 2) surgery, and status post L5-S1 (lumbar 5-sacral 1) fusion. The injured worker (5-18-2015) reported his "symptoms were unchanged." The physical exam (8-3-2015) revealed flexion of 70, extension of 10, and right and left bending of 10. The treating physician noted decreased sensation of the left L5 dermatome. The physical exam did not include documentation of a gastrointestinal assessment. The injured worker (8-3-2015) reported his medications decreased his pain by 50%. The physical exam (8-3-2015) revealed flexion of 70, extension of 10, and right and left bending of 10. The treating physician noted decreased sensation of the left L5 dermatome. The physical exam did not include documentation of a gastrointestinal assessment. The injured worker (10-5-2015) reported increased low back pain and left leg feels like it will give out. The injured worker did not report any gastrointestinal symptoms. The physical exam (10-5-2015) revealed flexion of 70, extension of 10, and right and left bending of 10. The physical exam did not include documentation of a gastrointestinal assessment. Treatment has included physical therapy, a home exercise program, work modifications, heat, ice, a lumbar epidural steroid injection, and medications including pain (Norco since at least 4-2015), anti-epilepsy, and proton pump inhibitor (Omeprazole since at least 10-20015). The requested treatments included Norco 10mg and Omeprazole 20mg. On 10-20-2015, the original utilization review non-certified requests for Norco 10mg and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Weaning of Medications.

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

Decision rationale: The requested One (1) prescription of Norco 10mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has increased low back pain and left leg feels like it will give out. The injured worker did not report any gastrointestinal symptoms. The physical exam (10-5-2015) revealed flexion of 70, extension of 10, and right and left bending of 10. The physical exam did not include documentation of a gastrointestinal assessment. Treatment has included physical therapy, a home exercise program, work modifications, heat, ice, a lumbar epidural steroid injection, and medications including pain (Norco since at least 4-2015), anti-epilepsy, and proton pump inhibitor (Omeprazole since at least 10-20015). The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, One (1) prescription of Norco 10mg #60 is not medically necessary.

One (1) prescription of Omeprazole 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 requested One (1) prescription of Omeprazole 20mg #60, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced

GI risk factors. The injured worker has increased low back pain and left leg feels like it will give out. The injured worker did not report any gastrointestinal symptoms. The physical exam (10-5-2015) revealed flexion of 70, extension of 10, and right and left bending of 10. The physical exam did not include documentation of a gastrointestinal assessment. Treatment has included physical therapy, a home exercise program, work modifications, heat, ice, a lumbar epidural steroid injection, and medications including pain (Norco since at least 4-2015), anti-epilepsy, and proton pump inhibitor (Omeprazole since at least 10-20015).The treating physician has not documented medication-induced GI complaints nor GI risk factors nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, One (1) prescription of Omeprazole 20mg #60 is not medically necessary.