

Case Number:	CM15-0225021		
Date Assigned:	11/23/2015	Date of Injury:	06/03/1996
Decision Date:	12/31/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/17/2015

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 53 year old male, who sustained an industrial injury on 06-03-1996. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical degenerative disc disease, myalgia and myositis. Medical records (04-22-2015 to 09-30-2015) indicate ongoing and increasing neck, and upper and low back pain. Pain levels were 5-9 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-30-2015, revealed tenderness to the lateral lumbar area, pain to palpation at the midline, paraspinal area, lateral lumbar tenderness, and pain with lateral bending, tenderness to the bilateral facet joints, and pain with flexion of spine. Relevant treatments have included: physical therapy (PT), epidural steroid injection (06-2015), work restrictions, and medications (Norco which is reported to be "helpful"). The treating physician indicates that the IW has issues with kidneys and has been taking less opioids and no non-steroidal anti-inflammatory drugs and "feeling worse"; however, 240 Norco were authorized on 09-15-2015. There was no discussion of CURES or urine drug testing results. The request for authorization (09-30-2015) shows that the following medications were requested: Nexium 40mg #60 and Norco 10-325mg #240. The original utilization review (10-15-2015) non-certified the request for Nexium 40mg #60, and partially approved the request for Norco 10-325mg #240 which was modified to #216.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nexium 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, 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 Nexium 40mg #60, is not medically necessary. California's Division of Worker's 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 increasing neck, and upper and low back pain. Pain levels were 5-9 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-30-2015, revealed tenderness to the lateral lumbar area, pain to palpation at the midline, paraspinal area, lateral lumbar tenderness, and pain with lateral bending, tenderness to the bilateral facet joints, and pain with flexion of spine. Relevant treatments have included: physical therapy (PT), epidural steroid injection (06-2015), work restrictions, and medications (Norco which is reported to be "helpful"). The treating physician indicates that the IW has issues with kidneys and has been taking less opioids and no non-steroidal anti-inflammatory drugs and "feeling worse"; however, 240 Norco were authorized on 09-15-2015. There was no discussion of CURES or urine drug testing results. 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, Nexium 40mg #60 is not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, pain treatment agreement.

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

Decision rationale: The requested Norco 10/325mg #240, 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 increasing

neck, and upper and low back pain. Pain levels were 5-9 out of 10 on a visual analog scale (VAS) with medications, and 10 out of 10 without medications. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has returned to work without restrictions. The physical exam, dated 09-30-2015, revealed tenderness to the lateral lumbar area, pain to palpation at the midline, paraspinal area, lateral lumbar tenderness, and pain with lateral bending, tenderness to the bilateral facet joints, and pain with flexion of spine. Relevant treatments have included: physical therapy (PT), epidural steroid injection (06-2015), work restrictions, and medications (Norco which is reported to be "helpful"). The treating physician indicates that the IW has issues with kidneys and has been taking less opioids and no non-steroidal anti-inflammatory drugs and "feeling worse"; however, 240 Norco were authorized on 09-15-2015. The treating physician has not documented duration of treatment, 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, Norco 10/325mg #240 is not medically necessary.