

Case Number:	CM15-0037144		
Date Assigned:	03/05/2015	Date of Injury:	04/01/2014
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 22-year-old female who reported injury on 04/01/2014. The mechanism of injury was lifting a mattress. The diagnoses include lumbar radiculopathy. The documentation indicated the injured worker was undergoing urine drug screens. The injured worker's medications included Norco 10/325, omeprazole 20 mg and tramadol 150 mg as of at least 10/27/2014. The documentation of 01/20/2015 revealed surgical history was stated to be none. The medications included naproxen 550 mg, tramadol 37.5/325 mg and cyclobenzaprine 5 mg. The physical examination revealed the injured worker was leaning to her right side secondary to pain with tenderness predominantly to the left SI joint. The injured worker had a normal sensory examination in the right lower extremity. The injured worker had decreased sensation to the entire left lower extremity in mixed nerve distribution, particularly L5-S1. The injured worker had decreased range of motion limited secondary to obesity and pain. The injured worker underwent x-rays of the lumbar spine, which revealed a questionable mild scoliosis. Prior x-ray on 05/06/2014 revealed levoconvex scoliosis of the lumbar spine. The injured worker underwent an MRI of the lumbar spine, the date was not provided. The treatment plan and discussion included the injured worker had numerous sessions of physical therapy and medication with no improvement. The documentation indicated the injured worker underwent a visit with a spine surgeon who recommended pain management prior to a consideration of surgery. The documentation indicated the injured worker would continue a home exercise program with medication as needed, which was provided by the pain management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for side effects. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The request as submitted failed to indicate the frequency for the requested medication and failed to include mg in the strength for the medication. However, the non-inclusion of mg was not utilized in the determination. Given the above, the request for Norco 10/325 #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The injured worker was not noted to be at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had been on the medication for an extended duration of time. The efficacy was not provided. There was a lack of documentation indicating the injured worker had signs or symptoms of dyspepsia to support the necessity for a proton pump inhibitor. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 is not medically necessary.

Percocet 10/325mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for side effects. The injured worker was being monitored for aberrant drug behavior through urine drug screens. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Percocet 10/325 mg #15 is not medically necessary.