

Case Number:	CM15-0037510		
Date Assigned:	03/05/2015	Date of Injury:	02/20/2003
Decision Date:	04/09/2015	UR Denial Date:	02/06/2015
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
 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 47-year-old female with a reported date of injury on 02/20/2003, with an unknown mechanism of injury. The patient is diagnosed with degeneration of the lumbar disc and HNP of the lumbar spine. Past treatment includes acupuncture with minimal relief, and physical therapy with moderate relief. Diagnostic history is unknown. Surgical history includes microdecompressive surgery date unknown. On the visit note, dating 12/17/2014 the patient has subjective complaints of stabbing and burning pain in her lower back, with numbness and weakness in her bilateral lower extremities. She rated her pain at a 5-6/10. Objective findings indicated that range of motion was "limited in all planes," with intact sensation in the lower extremities. The medication list on the visit note dated 12/17/2014 included Norco, Pamelor, and Tylenol #3 (for pain in an attempt to discontinue Norco). Treatment plan included continuation of Norco 10/325 mg #90 to be taken every 12hrs as needed for severe pain, and Omeprazole 20 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Proton Pump inhibitors (PPIs).

Decision rationale: Based on the documentation submitted for review, there are no clinical findings that support the need for the requested medication. There was no documentation supporting GI symptoms and there was no rationale by the provider prescribing the need for the medication. Based on the California MTUS the patient is not at increased risk for gastrointestinal events. Additionally, The Official Disability Guidelines state that in general, the use of PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. Given the fact that there was a lack of clinical findings supporting the use of this requested medication, it is non-certified.

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-79.

Decision rationale: Given the fact that the documentation provided indicates that the patient describes low efficacy of the treatment, and the provider stated that the patient was given a prescription for Tylenol 3 to wean Norco, the medication is not medically necessary. There was also no evidence of the use of urine drug screens to provide the evidence of correct use of the opioid. California MTUS states that for ongoing management with opioids there must be documentation of pain relief, functional status, appropriate medication use, and side effects. Given that none of the above was provided for review, the request is non-certified.