

Case Number:	CM15-0039544		
Date Assigned:	03/09/2015	Date of Injury:	06/13/2011
Decision Date:	04/14/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 43 year old male, who sustained an industrial injury on 06/13/2011. On provider visit dated 01/08/2015 the injured worker has reported bilateral hip pain, right leg pain, low back pain radiating to the lower extremities and bilateral knee pain. On examination he was noted to have tenderness noted over bilateral hips, with a decreased range of motion. Bilateral knees were noted to have tenderness with slight crepitus and pain was noted with McMurray test. He was noted to use a cane with ambulation. And lumbar spine was noted to have tenderness to palpation with spasm and a decreased range of motion was noted. The diagnoses have included status post lumbar spine surgery or probable decompression at L5-S1 exact procedure was unknown: residual right lower extremity radiculitis, bilateral hip avascular necrosis and bilateral knee patellofemoral arthralgia and slight osteoarthritis medical joint space. Treatment to date has included therapy, MRI scans of hips, epidural steroid injections and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg # 90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, injured worker's working diagnoses are bilateral hip pain; right leg pain; low back pain that radiates lower extremities; and bilateral knee pain. Norco was prescribed to the injured worker as far back as October 17, 2014. The injured worker underwent lumbar spine decompression on November 21, 2014. Norco was continued on January 8, 2015. The injured worker followed up with [REDACTED], an orthopedic surgeon, who continued Norco 10/325 mg. The injured worker continued Norco for pain management both preoperatively and postoperatively. There was no evidence of objective functional improvement in pain with opiate use. There are no risk assessments and no detailed pain assessment in the medical record. There was no attempt at weaning documented medical record. Consequently, absent compelling clinical documentation with objective functional improvement with an attempt to wean, a risk assessment and detailed pain assessments, Norco 10/325 mg #90 is not medically necessary.

Omeprazole 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, injured worker's working diagnoses are bilateral hip pain; right leg pain; low back pain that radiates lower extremities; and bilateral knee pain. The documentation indicates the injured worker develops stomach upset with medications. The treating physician does not specify what medication is causing what adverse effects. There is no documentation of comorbid conditions or past medical history with risk factors for gastrointestinal events. Specifically, there is no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. The treating physician is nonspecific in terms of what medication is causing stomach issues. Additionally, there is no

documentary evidence of non-steroidal anti-inflammatory drugs (a likely cause of gastritis) use in the medical record. Consequently, absent clinical documentation with risk factors or co-morbid conditions for gastrointestinal events, Omeprazole 20 mg #30 is not medically necessary.