

Case Number:	CM15-0041525		
Date Assigned:	03/11/2015	Date of Injury:	07/08/2010
Decision Date:	04/14/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/04/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 58 year old male injured worker suffered an industrial injury on 7/8/2010. The diagnoses were lumbosacral anterolisthesis, herniated disc of the cervical and lumbar spine with right cervical radiculopathy. The diagnostic studies were thoracic magnetic resonance imaging, lumbar spine magnetic resonance imaging, electromyography, cervical spine magnetic resonance imaging. The treatments were chiropractic therapy, physical therapy, medications, and right knee arthroscopy. The treating provider reported neck and low back pain 7 to 8/10. He reported increase in pins and needles sensations traveling down his right leg to the foot with cramping in the arch of the foot. He reported difficulty sleeping due to pain. Range of motion was restricted in the cervical, thoracic and lumbar spine limited by pain with tenderness noted. Norco and Omeprazole were requested by the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC); Proton Pump Inhibitors (PPI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPIs, NSAIDs, GI risk.

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless he is at risk of gastrointestinal events. He is younger than age 65, has no history of peptic ulcer, GI bleeding or perforation, does not use ASA, corticosteroids, or an anticoagulant, and does not use high dose/multiple NSAIDs. The patient is not currently taking an NSAID. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.

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 Opioids Page(s): 78-79.

Decision rationale: The request for Norco is not medically necessary. The patient has been on opiates for unclear amount of time with 50% improvement in pain. There is no documentation of all of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for Norco is considered medically unnecessary.