

Case Number:	CM15-0045728		
Date Assigned:	03/18/2015	Date of Injury:	07/07/1997
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 injured worker is a 64-year-old male who reported an injury on 07/07/1997. The mechanism of injury was not provided. The injured worker's medications were noted to include Norco 1 to 2 tablets per day, ketoprofen, and omeprazole for medication induced gastritis. The injured worker was noted to have utilized opioids since at least 01/06/2014. The documentation of 02/02/2015 revealed the injured worker's diagnosis included opioid dependence, lumbar postlaminectomy syndrome, and chronic pain syndrome. The injured worker indicated that the pain was chronic in the low back. Associated symptoms included left lower extremity weakness, numbness, and tingling. The injured worker was utilizing a cane and had difficulty transferring. The injured worker indicated that without the medication, he would be in a lot of pain. The medications included hydrocodone 5/300 mg, ketoprofen 75 mg, omeprazole 20 mg, and Vicodin 5/500 mg. The injured worker was noted to be morbidly obese. The assessment and plan included the injured worker was stable on medication regimen of hydrocodone twice a day along with ketoprofen and omeprazole and as such, a refill was given. The injured worker indicated he was not interested in switching medications or transitioning. The injured worker was noted to have a pain agreement and was CURES compliant. The urine drug screen was within normal limits. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 5/300mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Opioids, specific drug list; Weaning of Medications Page(s): 78-80, 91, 124.

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 opioids 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 indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, the objective functional benefit and an objective decrease in pain were not documented. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APAP 5/300 mg #180 is not medically necessary.

Ketoprofen 75mg #60, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the symptomatic relief of mild to moderate pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual injured worker's treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. Additionally, there was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for ketoprofen 75 mg #60 with 4 refills is not medically necessary.

Omeprazole 20mg #60, with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had medication induced gastritis. However, the efficacy of the medication was not provided. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. Additionally, the request for the NSAID was found to be not medically necessary and as such, the proton pump inhibitor would not be medically necessary. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for omeprazole 20 mg #60 with 4 refills is not medically necessary.