

Case Number:	CM15-0049383		
Date Assigned:	03/23/2015	Date of Injury:	12/27/2007
Decision Date:	05/12/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/16/2015

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 61-year-old female who reported an injury on 12/27/2007. Her diagnosis was noted as sciatica. During the assessment on 03/12/2005, the injured worker complained of low back, left leg, and right sided neck and shoulder pain. It was noted that she was stable on her medication regimen. The physical examination of low back revealed paravertebral tenderness. There was a positive straight leg raise on the left at 30 degrees and positive straight leg raise on the right at 50 degrees. There was weakness along the L4-5 dermatomal distribution. There was decreased sensation along with L4-5 dermatomal distribution. The treatment plan was to continue with the current medication regimen. The rationale for the request was to stabilize the injured worker's condition. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Norco 10/325 mg is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects, and appropriate medication use with the use of random drug screening is needed to verify compliance. There is a lack of documentation regarding the adverse effects and evidence of consistent results in urine drug screens to verify appropriate medication use. Additionally, frequency and quantity was not provided. Given the above, the request is not medically necessary.

Omeprazole 40mg delayed release capsule: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The request for omeprazole 40 mg delayed release capsule is not medically necessary. The California MTUS Guidelines states that proton pump inhibitors were recommended for patients that were at intermediate or high risk for gastrointestinal events. Patients with no risk factors and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation does not indicate that the injured worker was at intermediate or high risk for gastrointestinal events. Additionally the frequency and quantity was not provided. Given the above, the request is not medically necessary.

Potassium chloride meq capsule extended release: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for potassium chloride meq capsule extended release is not medically necessary. Potassium chloride is used to prevent or treat low blood levels of potassium. Potassium levels can be low as a result of a disease or from taking certain medicines or after a prolonged illness with diarrhea or vomiting. The clinical documentation did not indicate the rationale for potassium chloride. There was indication that it was being used to treat low blood levels of potassium or after a prolonged illness with diarrhea or vomiting. Additionally, the frequency and quantity was not provided. Given the above, the request is not medically necessary.

Furosemide mg tablet: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for furosemide mg tablet is not medically necessary. Furosemide is a loop diuretic that prevents the body from absorbing too much salt, allowing the salt instead be passed in the urine. Furosemide treats fluid retention in people with congestive heart failure, liver disease, or kidney disorders such as nephrotic syndrome. This medication is also used to treat high blood pressure. The rationale for requested medication was not provided. Additionally, the dose, frequency and quantity was not provided. Given the above, the request is not medically necessary.

Xanax 1mg tablet: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Xanax 1 mg tablet is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 4 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted provided evidence that the injured worker had been using medication for an extended duration of time. Additionally, the frequency and quantity was not provided. Given the above, the request is not medically necessary.