

Case Number:	CM15-0050312		
Date Assigned:	03/23/2015	Date of Injury:	05/10/2011
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/17/2015

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: Emergency 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 48 year old female, who sustained an industrial injury on 5/10/11. The injured worker was diagnosed as having lumbago, low back pain, SI joint dysfunction, trochanteric bursitis and headache. Treatment to date has included oral medications including opioids, chiropractic treatments and SI joint injection. Currently, the injured worker complains of ongoing lower back and hip pain increased with laying and activity, numbness of right foot and frequent headaches. The injured worker states she is able to light activity at home on current medications. Pain is noted at 5-7/10 with current medications. Tenderness of lumbar spine and facet joint is noted on exam with decreased range of motion. Current medications were noted as Relafen, Norco 10mg up to 6 a day, Prilosec and Sonata. The treatment plan consists of continuing the current medications and chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (Starting 1/20/15) Norco 10mg-325mg #180: 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): 76-78.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has failed to document any objective improvement in pain and function as required by MTUS guidelines with pain still being very high at 5-7 with limited function. There is no documented long term plan for opioid use or use of other conservative pain medications. There is no documentation of any benefit to pain with patient complaining of 5-7/10 pain. There is no documentation of monitoring for abuse or side effects. Norco is not medically necessary.

Retrospective (Starting 1/20/15) Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on an NSAID. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Since patient is not on NSAID therapy and patient is asymptomatic, Prilosec/Omeprazole is not medically necessary.

Retrospective (Starting 1/20/15) Prilosec DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is not noted to be on an NSAID. There are no dyspepsia complaints. Patient is not high risk for GI bleeding. Since patient is not on NSAID therapy and patient is asymptomatic, Prilosec/Omeprazole is not medically necessary.