

Case Number:	CM15-0055992		
Date Assigned:	04/01/2015	Date of Injury:	11/02/2005
Decision Date:	05/04/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/24/2015

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 63 year old male, who sustained an industrial injury on 11/02/2005. He has reported subsequent back and knee pain and was diagnosed with lumbosacral radiculopathy and knee tendinitis/bursitis. Treatment to date has included oral pain medication, intraarticular injection of the left knee and surgery. In a progress note dated 02/24/2015, objective examination findings were notable for patellar crepitus with range of motion and tenderness, spasm and guarding of the paravertebral musculature of the lumbar spine. A request for authorization of Acetaminophen/Codeine, Omeprazole and Naproxen Sodium was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen/Codeine PHO tablet Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for acetaminophen/codeine PHO tablet #60. None of the reports mention medication. The patient is currently working with restrictions. Regarding initiating opiates, MTUS guidelines page 76-78 recommend "the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." "Baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS also states, "If partial analgesia is not obtained, opioids should be discontinued." Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, none of the reports specifically discuss this medicine. Provided reports do not mention any medications nor their efficacy. MTUS require specific documentation of the four A's for the use of opiates but there is no mention of analgesia, ADL's, opiates management including UDS's, CURES, pain contracts, etc. Without such discussion, on-going use of opiates is not recommended. There is no discussion as to whether or not this medication is being tried for the first time either. Given the lack of any discussion regarding the request, it IS NOT medically necessary.

Omeprazole CPDR MG Qty 180: 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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Omeprazole #180. None of the reports mention medication. The patient is currently working with restrictions. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, none of the reports discuss this medication except the request. The treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The request IS NOT medically necessary.

Naproxen Sodium tablets MD Qty 180: 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 (non-steroidal anti-inflammatory drugs) Medications for chronic pain Page(s): 67-68, 60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Naproxen Sodium #180. None of the reports mention medication. The patient is currently working with restrictions. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, the utilization review letter on 03/16/15 indicates that the patient had been on this medication previously. The patient presents with chronic low back pain for which the medication may be indicated. However, none of the reports discuss this medication's efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.