

Case Number:	CM15-0056159		
Date Assigned:	04/01/2015	Date of Injury:	08/16/2001
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
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: New Jersey
 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 51 year old female, who sustained an industrial injury on August 16, 2001. The exact mechanism of injury on this date is unknown. The injured worker was diagnosed as having lumbar discopathy, chronic right S1 radiculopathy, lumbago, cervicgia, status post posterior lumbar interbody fusion L4-S1 and status post C5-6 anterior cervical discectomy and fusion. Treatment to date has included diagnostic studies, surgery, injections, physical therapy and medications. On January 12, 2015, the injured worker complained of constant pain in the left lower back with radiation to the buttock area. The pain is characterized as dull and rated a 7 on a 1-10 pain scale. There is also intermittent pain in the cervical spine with associated headaches that are migrainous in nature as well as tension between the shoulder blades. This pain is characterized as dull and rated a 5/10 on the pain scale. The treatment plan included a left side lumbar epidural steroid injection versus hardware block, post-op physical therapy, medications and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Acetaminophen/Codeine (Tylenol #3) 300mg/30mg: 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): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed regarding the ongoing use of Tylenol #3 around the time of this request. There was no specific reporting of functional gains and pain reduction directly related to the regular use of this medication to help support this request for continuation. Therefore, the Tylenol #3 will be considered not medically necessary.

120 Omeprazole 20mg: Upheld

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

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no evidence of ongoing NSAID use, history suggestive of an elevated risk for gastrointestinal events, or any dyspepsia which might have justified the consideration of ongoing use of Omeprazole, which is not recommended for chronic use in general due to its long-term side effect profile. Therefore, considering the above, the request for Omeprazole will be considered not medically necessary.