

Case Number:	CM15-0057199		
Date Assigned:	04/02/2015	Date of Injury:	02/20/2002
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 20, 2002. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve requests for omeprazole and Norco. The claims administrator referenced progress notes of December 2, 2014 and February 25, 2015 in its determination. The applicant's attorney subsequently appealed. In a June 17, 2014 progress note, the applicant reported multifocal complaints of low back and hip pain. Gastritis was listed as one of the diagnoses. The applicant's medications included Norco, Mobic, Prilosec, triazolam, baclofen, and prednisone, it was acknowledged. It was not clear when the applicant's medication list was last updated. The applicant received chiropractic manipulative therapy on this date. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place as of that date. Medication efficacy was not detailed or discussed. On September 2, 2014, Norco, Mobic, and Ambien were again renewed. It was suggested that the applicant's pain complaints were well stabilized and well managed with medications. It was suggested that the applicant was working with restrictions in place on this occasion. In a progress note dated March 24, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of depression, anxiety, and psychological stress. The applicant's BMI was 25. The attending provider stated that the applicant's GI symptoms had been effectively attenuated following introduction of omeprazole. Omeprazole, Mobic, and Norco were renewed. The attending provider stated that the applicant's pain medications were helping him to stay active and maintain successful return to work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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 & cardiovascular risk Page(s): 69.

Decision rationale: Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, as was/is seemingly present here. The attending provider seemingly suggested that the applicant had developed issues with Mobic-induced dyspepsia and that said dyspepsia had responded favorably to introduction of omeprazole on a progress note dated March 24, 2015. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Norco 10/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has reportedly returned to work, it was acknowledged on a progress note dated March 24, 2015. Ongoing usage of Norco has effectively attenuated the applicant's pain complaints and has facilitated an increase in non-work activities of daily living, the attending provider reported on multiple occasions, including on March 24, 2015. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.