

Case Number:	CM15-0058622		
Date Assigned:	04/03/2015	Date of Injury:	06/28/2010
Decision Date:	05/22/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/27/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46-year-old male who reported an injury on 06/28/2010. The mechanism of injury reportedly occurred as he was picking up a pump and motor from the floor. His diagnoses included lumbar degenerative disc disease, sciatica, and status post lumbar spine fusion. His past treatments have included physical therapy and medications. Pertinent diagnostic studies included an echocardiogram, a lumbar myelogram, a CT myelogram of the lumbar spine, a CT of the lumbar spine performed on 10/22/2014, and a urine drug screen collected on 01/06/2015 with inconsistent findings for prescription therapy. His surgical history includes a lumbosacral fusion. He was status post fusion and laminectomy performed on 09/30/2013. The injured worker presented on 02/03/2015 with complaints of lumbar spine severe, constant, sharp pain radiating down bilaterally to the lower extremities. The injured worker rated his pain an 8/10. Pertinent objective physical examination findings were not included in the documentation submitted for review. The injured worker's medication regimen included Norco, Soma, naproxen, Prilosec, and Flexeril. The treatment plan included medications. The rationale for the request was not included per the documentation submitted for review. A Request for Authorization form was not submitted with the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 1po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Norco 10, 1 by mouth twice a day #60 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Guidelines state that the ongoing management of opioid therapy should include detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review did not include a detailed pain assessment to establish adequate pain relief with the use of Norco. Additionally, there was no evidence of functional improvement or lack of adverse effects and aberrant behavior. Furthermore, a current urine drug screen was not submitted to verify appropriate medication use. However, the most recent urine drug screen that was submitted, performed on 01/06/2015, was inconsistent with the injured worker's prescribed medication therapy. In the absence of documentation showing details regarding the injured worker's medication, including his use of Norco; and the appropriate documentation to support the ongoing use of opiates, the request is not supported. As such, the request for 1 prescription for Norco 10, 1 by mouth twice a day #60, is not medically necessary.

Naproxen 550 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Naproxen 550, 1 by mouth twice a day #60 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines recommend NSAIDs as an option for short term symptomatic relief. The documentation submitted for review provided evidence that the injured worker has had extended long term use of NSAIDs. Given the above, the request is not supported by the guidelines. As such, the request for 1 prescription of Naproxen 550, 1 by mouth twice a day #60, is not medically necessary.

Soma 10 1 po bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

Decision rationale: The request for Soma 10, 1 by mouth twice a day #60 is not medically necessary. The injured worker has chronic low back pain. The California MTUS Treatment Guidelines do not recommend the long term use of Soma. The documentation submitted for review provides evidence that the injured worker has had extended use of Soma. As such, the request is not supported by the guidelines. As such, the request for 1 prescription for Soma 10, 1 by mouth twice a day #60 is not medically necessary.

Prilosec 20 1 QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Proton pump inhibitors.

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

Decision rationale: The request for Prilosec 20, 1 QD #30 is not medically necessary. The injured worker has chronic low back pain. The documentation submitted for review failed to provide evidence that the injured worker was at risk for gastrointestinal events. The injured worker was not greater than 65 years; had a history of peptic ulcer, GI bleeding, or perforation; was on concurrent use of aspirin, corticosteroids, or an anticoagulant; or high dose/multiple NSAID use. Moreover, the documentation submitted for review failed to provide evidence of side effects from the use of opiate or NSAID therapy. Furthermore, the request as submitted failed to include specific directions for use. As such, the request for 1 prescription for Prilosec 20, 1 QD #30, is not medically necessary.