MAXIMUS Federal Services

Case Number:	CM15-0080463		
Date Assigned:	07/01/2015	Date of Injury:	05/01/2003
Decision Date:	09/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: New York
Certification(s)/Specialty: Pediatrics, Internal 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 60 year old male, who sustained an industrial injury on 05/01/2013. He has reported subsequent low back and neck pain and was diagnosed with cervical and lumbar discopathy. Treatment to date has included medication and a home exercise program. Documentation shows that the injured worker was prescribed Norco and Prilosec since at least 05/12/2014. In a progress note dated 03/02/2015, the injured worker complained of depression, sleep disturbance, excessive worry, tension, decreased energy, agitation, weight gain, chest pain, palpitations and shortness of breath. Objective findings were notable for depressed facial expressions, visible anxiety and pressured. There was no recent documentation regarding the severity of pain, gastrointestinal examination findings or the effectiveness of Prilosec and Norco. A request for authorization of Prilosec/Omeprazole 20 mg #60 and Norco was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec/Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), proton-pump inhibitors.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." As per Official Disability Guidelines (ODG), proton pump inhibitor medication "is recommended for patients at risk for gastrointestinal events and in general use should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time." The medical documentation submitted does not show that the injured worker is at increased risk for gastrointestinal events. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age and there is no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Prilosec 20 mg #60 is not medically necessary.

Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in order to justify the long term usage of opioid medication, there must be documentation of the most and least amount of pain, average amount of pain, appropriate medication usage and side effects and a good response to treatment can be shown by "decreased pain, increased function or improved quality of life." The medical documentation submitted is minimal and there is no recent documentation of the severity of the injured worker's pain, the effectiveness of Norco, any discussion of side effects or evidence of monitoring for potential drug misuse or dependence. There is also no documentation of objective functional improvement or significant pain reduction with use of this medication. In addition, there was no dosage, frequency or quantity specified in the request. Therefore, the request for authorization of Norco is not medically necessary.