

Case Number:	CM15-0085236		
Date Assigned:	05/07/2015	Date of Injury:	11/29/2006
Decision Date:	06/09/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Pennsylvania

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 52 year old male, who sustained an industrial injury on 11/29/2006. He reported a fall off a platform, onto his buttocks. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostics, lumbar epidural steroid injections, lumbar spinal surgery (2007, 2010, and 2012), physical therapy, aquatherapy, and medications. Lumbar epidural steroid injections were noted on 3/02/2015. Computerized tomography of the lumbar spine (4/07/2015) was submitted. Currently (4/20/2015), the injured worker complains of increased pain to the lumbar spine and numbness in the left lower extremity. Pain was not rated, he was currently not working, and functional status was not documented. Objective findings included positive straight leg raise both lower extremities, lumbar spasms, decreased range of motion with pain, and sciatic pain. Urine drug screening was not noted. Gastrointestinal complaints or medication side effects were not described. The treatment plan included medication refills. The use of Norco, Lyrica, and Omeprazole was noted since at least 12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, pain level or response to opioids has not been documented. There is also no documentation in regards to presence or absence of adverse effects from opioids or appropriate medication use. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function or pain. The request is not medically necessary.

Lyrica 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drug.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-21.

Decision rationale: According to the MTUS, anti-epilepsy drugs are recommended for neuropathic pain but there are no RCTs directed at painful radiculopathy. There is insufficient evidence to recommend for or against anti-epileptic drugs for chronic non-specific axial low back pain. The anti-epileptic drug gabapentin did show decreased pain in lumbar spinal stenosis in one pilot study. Lyrica is effective in the treatment of diabetic neuropathy, postherpetic neuralgia and fibromyalgia. A trial of Lyrica in this workers case may have been reasonable but should not be continued with no documented improvement in function and symptoms. The record does not contain any documentation of improvement in function or symptoms and therefore is not medically necessary or appropriate.

Omeprazole 40mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedures, Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. Therefore, omeprazole is not medically necessary.