MAXIMUS Federal Services

Case Number:	CM13-0069205		
Date Assigned:	01/17/2014	Date of Injury:	10/11/2000
Decision Date:	05/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/20/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49 year old female with a low back injury from grabbing a heavy quilt reported 10/11/2000. The physician's note dated 01/27/2014, reports the injured worker complained of low back pain. The current medications include hydrocodone/apap 5-500 mg one tab twice daily, zipsor capsule 25mg three times daily, lyrica capsule 50mg daily, nexium delayed release capsule 40mg daily, zanaflex 2mg three times daily and ultracet 37.5-325mg two (2) tablets four times daily. The request is for hydrocodone/apap 5-500mg # sixty (60), omeprazole 20mg #thirty (30) and zipsor 25mg # ninety (90).

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 5/500MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for the Hydrocodone/apap 5-500mg # (60) is non-certified. The California MTUS require an ongoing review and documentation of treatment of pain to include the pain medication, improvement of activities of daily living, any adverse side effects and

aberrant behaviors. There is no clinical evidence to suggest hydrocodone/apap 5-500mg has assisted with decreasing pain and increasing her daily activities. Also, there is no clinical documentation of a lack of adverse side effects. Furthermore, there was no drug screening or misuse of medication documented. Therefore, the request for the Hydrocodone/apap 5-500mg # sixty (60) is not medically necessary or appropriate.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68.

Decision rationale: The request for the Omeprazole 20mg # (30) is non-certified. The California MTUS guidelines page 68, suggest proton pump inhibators for patients at risk for gastrointestinal events. The injured worker is currently on nexium, delayed release capsules 40mg daily, no diagnosis is provided for reason of treatment. There is no documented evidence to suggest an additional proton pump inhibitor is medically required. Therefore, the request for Omeprazole 20mg # (30) is not medically necessary or appropriate.

ZIPSOR 25MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The request for Zipsor 25mg # (90) is non-certified. The California MTUS, for chronic pain medical treatment guidelines page 68, suggest that NSAIDs were not more effective than acetaminophen for acute low back pain. There is no documentation provided to demonstrate effectiveness of zipsor 25mg in decreasing the injured workers pain. Therefore, the request for Zipsor 25mg # 90 is not medically necessary or appropriate.