

Case Number:	CM14-0101681		
Date Assigned:	07/09/2014	Date of Injury:	10/28/2013
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in 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 64-year-old female who reported an injury on 10/28/2013, due to an unknown mechanism. The injured worker saw her physician on 03/19/2014, complaining of pain to the low back, posterior thigh, neck, left shoulder, and left leg. The injured worker had lumbar spine spasms. The injured worker was taking Bystolic, Amlodipine, Valsartan, Estradiol, Medrol Dosepak, and Prilosec. The injured worker noted initially her pain was 7/10 following her injury, and at the visit the injured worker reported her pain ranged from 5-7/10. An MRI of the lumbar spine was conducted on 03/07/2014. The clinical note dated 04/09/2014 noted the injured worker had complaints of pain to the low back, posterior thigh, neck, left shoulder, as well as left leg sciatica pain. The injured worker stated that her back was still sore and her low back pain was worse than the pain to the buttock or leg. The physician noted lumbar spine spasms and limited flexion were present. The injured worker was diagnosed with lumbar spine strain with radiculopathy. Prior treatments included 12 physical therapy sessions and a lumbar spine corset for mechanical low back pain. The physician was requesting hydrocodone, Anaprox, and Prilosec. There was no rationale provided with these requests. A request for authorization form was signed on 04/09/2014 and made available for review

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend providers assess for side effects and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is a lack of documentation indicating whether the injured worker has undergone urine drug screening to assess their compliance with their prescribed medications. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. An adequate and complete pain assessment is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed, dosage of the medication, and amount of medication being requested in order to determine the necessity of the medication. As such, the request of Hydrocodone 5 is not medically necessary and appropriate.

Anaprox: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs (non-steroidal anti-inflammatory drugs) at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. There is no documentation the injured worker has osteoarthritis. There is a lack of documentation indicating how long the injured worker has been prescribed this medication; therefore, it is unclear if the guideline recommendation for a short course of care would be exceeded. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed, dosage of the medication, and amount of medication being requested in order to determine the necessity of the medication. As such, the request for Anaprox is not medically necessary and appropriate.

Prilosec: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA (Acetyl Salicylic Acid), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the injured worker has a history of peptic ulcer, gastrointestinal bleeding or perforation. There is no indication that the injured worker has significant gastrointestinal symptoms upon physical examination. The injured worker was not using aspirin, steroids, or high dose or multiple NSAIDs (non-steroidal anti-inflammatory drugs). As such, the request for Prilosec is not medically necessary and appropriate.