

Case Number:	CM14-0112142		
Date Assigned:	08/01/2014	Date of Injury:	05/11/2012
Decision Date:	09/30/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/18/2014

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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 46-year-old male who reported an injury on 05/11/2012 due to a motor vehicle accident. The injured worker complained of neck, lower back pain with numbness to the right thigh and radiating pain. The injured worker had a diagnosis of cervical strain, lumbar disc bulge and lumbar degenerative disc disease. The injured worker had an MRI of the lumbar spine dated 02/25/2014, with no available results. The past treatments included medication, chiropractic therapy, a home exercise program, and a cervical pillow. Medication included omeprazole 20 mg, baclofen 20 mg, and MiraLax 17 gm. The injured worker rated his pain a 5/10 to the neck, a 7/10 to the lower back, using the VAS. The objective findings dated 05/06/2014 included deep tendon reflexes 2+, sensation intact but decreased to the left leg, MMT 5/5, straight leg raise negative, pain to palpation along the cervical and lumbar paraspinal muscles. The treatment plan included authorization for an inversion table for home traction and tobacco sensation, home exercises, cervical pillow, chiropractic as needed for pain relief, possible lumbar decompression, and medication. The Request for Authorization dated 08/01/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 10 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 75.

Decision rationale: The request for Norco 5/325 mg 10 tablets is not medically necessary. The California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not address the activities of daily living, adverse side effects or aberrant drug taking behavior. The injury occurred in 2012, the injured worker should be tapered off the Norco. The request did not address the frequency or route. As such, the request is not medically necessary.

Ibuprofen 800mg 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Laboratory Testing, NSAID Page(s): 70.

Decision rationale: The request for Ibuprofen 800mg 90 tablets is not medically necessary. The California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The documentation was not evident of any lab other than drug screen. The request is not address the frequency. As such, the request is not medically necessary.

Omeprazole 20mg 50 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPL (Proton-pump inhibitor) Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS Page(s): page 68, 69.

Decision rationale: The request for Omeprazole 20mg 50 tablets is not medically necessary. The California MTUS recommends PPI's for the treatment of dyspepsia secondary to NSAID therapy. The clinical notes did not indicate any ulcer, perforation, or gastrointestinal issues, diagnosis or documentation. As such, the request is not medically necessary.