

Case Number:	CM14-0115793		
Date Assigned:	08/04/2014	Date of Injury:	02/04/2010
Decision Date:	10/17/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine and is licensed to practice in California. 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 was 57 a year old male with reported date of industrial injury was 2/4/2010. The patient was last seen on 6/20/2014 at which time the primary treating provider noted pain in the arms, hands and neck. The patient had tingling and numbness in both upper extremities suggestive of radiculopathy. He was status post C7-T1 interlaminar epidural steroid injection which provided considerable relief for two weeks, with a reduction in Norco dose to one tablet a day. He had a normal gait, normal mood and affect but considerable difficulty with sleep and sexual functioning. Additionally, there was constipation and heartburn noted. The patient was not on an NSAID medication. His medications included Lyrica, Senna, omeprazole and Norco 7.5/325 mg orally TID. The request was for omeprazole and Norco. Of note, the patient did not have any aberrant behavior noted. He did have improvement of function documented with opiates, including the ability to perform ADLs. The patient had good relief of pain with Norco and improvement of heart burn with PPI. On 3/25/2014, the patient was seen by the primary treating provider who documented that when in February 2014, an attempt was made to reduce the Norco dose from 10/325 mg orally to 7.5/325 orally TID PRN, the patient didn't fill it and in fact, used opiate sparingly. In April 2014, the provider documented that the patient had been without Norco the previous month and had increased pain. Therefore, it was refilled at 7.5/325 mg orally TID PRN. The patient's formal diagnoses were disc degenerative disease and cervical radiculopathy. It is of note that the provider did not mention in his notes any attempts to use NSAID and failure thereof.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: BS Anand et al. Endoscopy 31;215 (1999).

Decision rationale: Chronic long term use of proton pump inhibitors has been associated with increased risk of hip fracture, alteration of microbiota and possibly C difficile infection. In addition, whether all cases of heart burn should be empirically treated over the long run is controversial. Most authorities recommend discontinuation of the medication after a period of 8 weeks of therapy and if symptoms return after discontinuation, an evaluation for underlying disorders such as peptic ulceration and upper Gastrointestinal (GI) tract tumor is indicated. Long term continuation of empiric therapy in the absence of an evaluation carries the small but pertinent risk of missing someone with a serious disorder such as Barrett's esophagus, esophagogastric cancer and peptic ulceration. In addition, gastritis can be due to H pylori infection which can increase the risk of gastric cancer as well as MALToma. For these reasons, it is prudent to perform a comprehensive evaluation in the instance of ongoing symptoms. The provider has not documented any evaluation or whether an attempt was made to discontinue therapy. Therefore, empiric continuation of chronic PPI therapy is not supported by the state of current literature and is not recommended. The request is not medically necessary and appropriate.

Norco 7.5/325 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 78, 80,91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-77.

Decision rationale: Opiates should only be used in chronic pain situations when non-opioid therapies have been adequately tried and failed. The patient has diagnoses of cervical radiculopathy and neck pain / degenerative disk disorder. The former condition responds moderately well to gabapentin and Pregabalin. The latter responds well to NSAID and acetaminophen or COX2 inhibitors. Topical therapies, physical therapy, home exercise, acupuncture, heat and ice and psychological treatments / management of behavioral factors are required as one or more adjunctive measures in most circumstances. Opiates should only be continued long term if a truly genuine and comprehensive attempt at these non opiate therapies has failed. The provider has not documented that the patient has failed NSAID therapy and there is no documentation to substantiate such a contention. Second, the patient uses the Norco sparingly, per the provider himself, on multiple occasions, in multiple notes. As such, the need for prescribing three daily doses of the medication, to total a number of 90 appears excessive. In

fact, this raises the very serious concern that the patient may actually be able to divert the medication. Also, the provider documented there wasn't aberrant behavior, but no standard screening instrument is provided to substantiate such a claim. As such, this ongoing therapy with opiates is inappropriate and is being conducted outside of applicable guidelines and prudent practice. Too often, opiates are considered the easy way out of dealing with difficult pain issues and this results in a great cost to society and ultimately the patient. The epidemic of opiate misuse is well known to all in the medical and legal community. It is incumbent on prescribers to be extremely selective in chronically maintaining patients on this therapy. As such, the request is not medically necessary and appropriate.