

Case Number:	CM14-0118119		
Date Assigned:	08/06/2014	Date of Injury:	12/14/2011
Decision Date:	10/23/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for omeprazole, FluriFlex, and Norco. The applicant's attorney subsequently appealed. In a January 15, 2014 progress note, the applicant reported persistent complaints of low back pain, 10/10, superimposed on issues with shoulder pain, hand pain and leg pain. It was stated that the applicant had leg pain secondary to cumulative trauma at work. The applicant had a variety of comorbidities, including hypertension, diabetes, and depression, it was acknowledged. The applicant was not working, it was further noted. The applicant was using a cane to move about. The applicant was obese, standing 5 feet 9 inches tall and weighing 270 pounds. Multiple medications were renewed, including Norco and omeprazole. The applicant was placed off of work, on total temporary disability. It was stated that omeprazole was being employed for gastroprotective purposes as opposed to actual symptoms of reflux. In a later note dated February 26, 2014, the applicant was again placed off of work, on total temporary disability. On April 26, 2014, the applicant was again placed off of work, on total temporary disability. The applicant had reportedly failed in attempts to lose weight, it was noted. The applicant was still using a cane to move about. Severe pain was noted. On May 21, 2014, the applicant again reported multifocal 9 to 10/10 neck, shoulder, low back, and bilateral knee. The applicant was not working, it was reiterated. FluriFlex, Norco and Omeprazole were endorsed. It was again stated that the omeprazole was being employed for gastroprotective purposes. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg 1 po bid #60 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Laine, 2006; Scholmerich, 2006; Nielsen, 2006

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk topic. Page(s): 56.

Decision rationale: The attending provider has indicated on several occasions that Omeprazole is being employed for gastroprotective purposes. However, as noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, the applicants at heightened risk for gastrointestinal events who are in need of proton pump inhibitors for gastric prophylaxis/gastric protective purposes include those individuals, who are age 65 years of age or greater and/or using NSAIDs, those individuals, who are using multiple NSAIDs, those individuals who are using multiple corticosteroids, and those individuals who are using NSAIDs with some history of GI bleeding or peptic ulcer disease. In this case, however, the applicant does not appear to be using any NSAIDs, although, it was acknowledged that the attending provider has failed to clearly recount the applicant's medication list on each and every visit. The applicant is not using any corticosteroids. The applicant is 56 years of age (less than 65). The applicant, by all accounts, is not an individual in need of gastric protection/gastric prophylaxis with Omeprazole, a proton pump inhibitor. Therefore, the request is not medically necessary.

FluriFlex for immediate pain relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Lin, 2004

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is Flexeril, a muscle relaxant. However, as noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Hydrocodone/Acetaminophen (APAP) 10/325 mg 1 po q6-8 h #60 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list and on-going management Page(s): 78-80. Decision based on Non-MTUS Citation Passik, 2000; California, 1994; Washington, 2002

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report heightened levels of pain, 9 to 10/10 range, despite ongoing usage of Norco. The applicant is having difficulty performing activities of daily living as basic as ambulating, it has been noted on several occasions referenced above, despite ongoing usage of Norco. All of the above, taken together, do not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.