

Case Number:	CM14-0127635		
Date Assigned:	09/23/2014	Date of Injury:	10/05/2011
Decision Date:	10/23/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 64-year-old female who reported an injury on 10/05/2011. The mechanism of injury was not provided. The injured worker is diagnosed with cervical degenerative disc disease and facet osteoarthritis, bilateral cervical spine pain with bilateral radiculopathy in the C5 dermatome, lumbar facet osteoarthritis, lumbar degenerative disc disease, lumbar spine pain bilateral with right lower extremity radiculopathy L4, L5 dermatomes and right sacroiliitis. The injured worker's past treatments included medications, surgery and injections. On the clinical note dated 07/14/2014, the injured worker complained of low back pain with bilateral leg pain and neck pain. The injured worker states her medication regimen lowers her pain to 4/10 and without medication 7/10 to 8/10. The injured worker had decreased range of motion to the cervical spine by 50% in flexion and lateral bending, 75% restriction in extension of lumbar spine range of motion with positive right straight leg raise, and muscle strength is decreased in the right. The injured worker's medications included Vicodin 5/500 three times a day, Ativan 0.5 mg, Skelaxin 800 mg 3 times a day, and Prilosec 20 mg daily. The injured worker reports nausea and heartburn, no other side effects or aberrant behaviors for medications. The request was for Norco 5/325 mg and Pepcid 40 mg. The rationale for request was for continued coverage on the injured worker's chronic pain medication maintenance regimen. The Request for Authorization was submitted on 06/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 Mg #90 Refill:2: Upheld

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

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

Decision rationale: The request for Norco 5/325 mg #90 refill 2 is not medically necessary. The injured worker is diagnosed with cervical degenerative disc disease and facet osteoarthritis, bilateral cervical spine with bilateral C5 dermatome, lumbar facet osteoarthritis, lumbar degenerative disc disease, lumbar spine pain bilateral with right lower extremity radiculopathy L4, L5 dermatomes and right sacroiliitis. The injured worker complains of pain in the low back and neck rated 4/10 with medication and 7/10 to 8/10 without medication. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend opioids for chronic back pain is limited for short term pain relief not greater than 16 weeks. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen. There was a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Norco 5/325 mg #90 refill 2 is not medically necessary.

Pepcid 40 Mg #30 Refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: The request for Pepcid 40 mg #30 refill 2 is not medically necessary. The injured worker is diagnosed with cervical degenerative disc disease and facet osteoarthritis, bilateral cervical spine with bilateral C5 dermatome, lumbar facet osteoarthritis, lumbar degenerative disc disease, lumbar spine pain bilateral with right lower extremity radiculopathy L4, L5 dermatomes and right sacroiliitis. The injured worker complains of pain in the low back and neck rated 4/10 with medication and 7/10 to 8/10 without medication. The medical records noted the injured worker has nausea and heartburn, but no other side effects or aberrant behavior from medications. The California MTUS Guidelines recommend the use of proton pump inhibitors with the use of NSAIDs if the patient is at high risk for gastrointestinal events. The injured worker's medical records lacked documentation of a history of peptic ulcer, GI bleeding or perforation. The injured worker does have side effects from the medications that are prescribed. The medical records indicate that the Prilosec does not seem to help. The injured worker is nauseated and has diarrhea. Additionally, the request does not indicate the frequency of the medication. As such, the request for Pepcid 40 mg #30 refill 2 is not medically necessary.

