

Case Number:	CM14-0144316		
Date Assigned:	09/12/2014	Date of Injury:	02/05/2004
Decision Date:	10/16/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 worker is a 69-year-old female, who reported an injury on 02/05/2004. Mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral carpal tunnel syndrome, status post cervical fusion, cervical discogenic disease, and status post bilateral carpal tunnel release. Past medical treatment consists of surgery, TENS unit, physical therapy, and medication therapy. Medications include Anaprox, Norco, Flexeril, and Prilosec. On 08/06/2014, the injured worker complained of cervical spine pain. The examination of the cervical spine revealed a healed surgical incision. Range of motion was painful and decreased. Facet tenderness was positive. C5 distribution radicular pain was noted, right upper extremity. Positive trigger points were elicited on the right. Treatment plan for the injured worker is to continue the use of medication and the use of a TENS unit. The rationale was not submitted for review. The Request for Authorization form was submitted on 04/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Prilosec GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Prilosec 20mg #60 is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking Anaprox twice daily. However, there was no documentation indicating that the injured worker had complaints of dyspepsia with the use of the medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not indicate a frequency or duration of the medication. As such, the request is not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, page 75, Ongoing Management, page 78. Page(s): 75; 78.

Decision rationale: The request for Norco 10/325mg #180 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. An assessment should be documented showing what pain levels are before, during, and after medication administration. The submitted documentation did not indicate that the Norco was helping the injured worker with any functional deficits. Additionally, the efficacy of the medication was not submitted for review. There were no drug urinalyses submitted for review showing that the injured worker was in compliance with her medications. Furthermore, there was no assessment showing what pain levels were before, during, and after medication administration. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.