

Case Number:	CM14-0147736		
Date Assigned:	09/15/2014	Date of Injury:	09/28/2001
Decision Date:	10/15/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 44-year-old male who has submitted a claim for Lumbar Discopathy and Facet Syndrome associated with an industrial injury date of 09/28/2001. Medical records from 2009 to 2014 were reviewed which showed chronic back stiffness and lumbar pain 2/10, exacerbated by flexion, stretching, and standing. Pain was described to be aching, constant, dull, and mild. Physical examination from the latest progress notes dated 05/16/2014 showed tenderness of the lumbosacral spine, (+) straight leg raise testing, strength testing 5/5 with intact sensation to both lower extremities. There was noted increased pain upon flexion and extension with positive Faber bilateral and positive Patrick's maneuver, right. Treatment to date has included medications: Norco 10/325mg every 4 hours and Prilosec 20mg BID since at least 2009. Patient was instructed to taper off dosage of pain medication. Utilization review from 08/26/2014 modified the request for Norco 10/325 mg #180 to Norco 10/325 mg #90 so that a specific treatment plan will be presented for the reduction and discontinuation of the opioid medications. Request for Prilosec 20mg #60 with 3 refills was denied; however, reason for denial was not stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been taking Norco 10/325mg since at least 2009. The most recent clinical evaluation revealed pain 2/10. However, there is no documented functional improvement from medication use. The medical necessity for Norco was not clearly established and results of a toxicology test were not included in the medical documents provided. Moreover, progress notes cited that patient was instructed to taper off dosage of Norco; however, a specific plan for tapering the medication was not clearly stated. Therefore, the request for Norco 10/325mg #180 is not medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: As stated on pages 68-69 of the CA MTUS Chronic Pain Medical Treatment Guidelines, only patients who are at intermediate risk for gastrointestinal events are given a PPI (proton pump inhibitor). Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, patient is 44 years old and is taking only Norco 10/325mg. From medical records provided, there is no mention about gastrointestinal symptoms. Likewise, he has no concurrent use of ASA, corticosteroids and/or an anticoagulant, and no documentation of a history of gastrointestinal events, hence is not considered to be at intermediate risk for gastrointestinal events. Overall, there was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Prilosec 20mg #60 with 3 refills is not medically necessary.