

Case Number:	CM14-0147740		
Date Assigned:	09/15/2014	Date of Injury:	10/23/2000
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
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 Family Medicine and is licensed to practice in Utah. 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 69 year-old female. The patient's date of injury is 10/23/2000. The mechanism of injury is not described in the clinical documents. The patient has been diagnosed with degenerative joint disease, bilateral trigger finger, and carpal tunnel syndrome. The patient's treatments have included surgical intervention, and medications. The physical exam findings dated 7/2/2014 reported a normal gait. The cervical neck was reported as limited range of motion with pain. Reflexes were diminished in the biceps on the left, with diminished sensation of the C6 dermatome. There was upper extremity muscle weakness, with asymmetric lumbar range of motion. There was positive lumbar orthopedic testing. The shoulder range of motion was noted as limited. The review of system states the patient complains of gastrointestinal distress and heartburn. The injured is unable to take NSAIDs due to Coumadin. The patient's medications have included, but are not limited to, Vicodin, Prilosec, and Coumadin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines, Hydrocodone is not indicated a medical necessity to the patient at this time.

Hydrocodone 2.5/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines, Hydrocodone is not indicated a medical necessity to the patient at this time.

Priolosec 20mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. guidelines for the diagnosis and management of gastroesophageal reflux disease.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: According to the clinical documents, there is documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this

medication. There is also of evidence that the patient is at increased risk for gastrointestinal complications that would warrant the use of this medication in the patient. The patient is also taking Coumadin at this time. The use of Prilosec, as stated in the above request, is determined to be a medical necessity at this time.

Nacrosoft #60 unspecified strength: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing therapy Page(s): 77.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Nacrosoft. MTUS guidelines state the following: Prophylactic treatment of constipation should be initiated. The clinical documents state that the patient was taking opioids, even though they have been non-certified in the past. According to the clinical documentation provided and current MTUS guidelines, Nacrosoft is indicated as a medical necessity to the patient at this time.