

Case Number:	CM14-0164306		
Date Assigned:	10/09/2014	Date of Injury:	10/12/2004
Decision Date:	11/14/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/06/2014

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 47-year-old male with an original industrial injury on October 12, 2004. The affected body regions as part of this industrial claim include the lumbar spine and psychological issues. The patient has had conservative treatment with activity restrictions and underwent lumbar fusion and laminectomy in 2010. The patient continues on pain medications which have been functionally beneficial. Specifically, the medications have allowed the patient to attend aquatic therapy. The disputed issues are requests for Tylenol with Codeine and Omeprazole. This was denied according to a utilization reviewer because there was no documentation of any gastrointestinal risk factors. The Tylenol with codeine was noncertified because there was no documentation of a return to work or overall "reduction in medical care attributable to opioid use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 10mg #30 x 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68.

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

Decision rationale: Regarding the request for Omeprazole (Prilosec), the California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to medication use. The patient is noted to have gastritis in a progress note on 4/18/2014. Given this, the request for Omeprazole is medically necessary.

Tylenol with Codeine, No. 4 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Tylenol #4, Chronic Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines further specify for discontinuation of opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function. A progress note on 4/18/2014 indicates that the medications help the patient with ADLs. There is evidence of urine drug testing at this time, which was consistent. There is also recent urine testing on 8/13/14. The patient was participating in an active rehabilitation program including [REDACTED]. Adverse side effects such as fatigue are absent. Therefore, the main issue is that there is not more recent documentation. The progress note in which all of this is available was 4/18/2014. For now, it is reasonable for this patient to have a refill on Tylenol #4, but the continued and recent documentation of the 4 A's is needed in the future. This request is medically necessary.