

Case Number:	CM14-0167841		
Date Assigned:	10/15/2014	Date of Injury:	03/18/2010
Decision Date:	11/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 patient is a 49 year old female who was injured on 03/18/2010. The mechanism of injury is unknown. Prior treatment history has included Norco 10/325 mg, Gabapentin, omeprazole 20 mg. The patient reported with her medications, her pain decreases by 50%. A progress report dated 09/25/2014 states the patient complained of severe back pain with tingling, numbness and pulling. She reported continued difficulties with sitting or standing, for long periods. On exam, there is tenderness to palpation over the lumbosacral spine with spasm. She has decreased muscle strength of the left lower extremity at 4/5. She is diagnosed with lumbosacral joint/ligament/sprain/strain; lumbar radiculopathy, and myofascial pain. Prior utilization review dated 10/03/2014 states the request for Norco 10/325mg #90 is modified to certify Norco 10/325 mg #60 and Omeprazole 20mg #60 is denied as there is no documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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 of opioids Page(s): 76-96.

Decision rationale: As per CA MTUS guidelines, Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as or non-pharmacologic methods of pain management such as home exercise program. There is little documentation of significant improvement in pain level (i.e. VAS) or function specific to prior use of Norco to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. Long-acting opioids should be considered when continuous around the clock pain relief is desired. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: According to the CA MTUS, Omeprazole (Prilosec) "PPI" is recommended for patients at intermediate risk for gastrointestinal events. The CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The medical records do not establish the patient is at significant risk for GI events nor has dyspepsia unresponsive to first line therapy. Therefore, in accordance with the CA MTUS guidelines, the request for Omeprazole is not medically necessary.