

Case Number:	CM14-0175393		
Date Assigned:	10/28/2014	Date of Injury:	11/10/2011
Decision Date:	12/16/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/23/2014

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 Internal 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 (IW) is a 45-year-old man with a date of injury of November 10, 2011. The mechanism of injury is not documented in the medical record. Pursuant to the progress note dated July 10, 2014, the IW complains of ongoing low back pain and left leg symptoms with left knee pain. He is taking Norco 10/325mg 3 to 4 times a day and Ketoprofen 75mg as needed. He states that the medications decrease his pain from 5-6/10 to 4/10 on the pain scale. He uses LidoPro cream on his back when he has spasms and this helps relieve his pain. He had left L3, L4, and L5 transforaminal epidural steroid injection on May 16, 2014 with no relief. Objective findings revealed mildly antalgic gait. He had diffuse tenderness to palpation of the lumbar spine. The IW was diagnosed with Degenerative disc disease of the lumbar spine, lumbar radiculopathy, lumbar stenosis, and left knee arthralgia. Treatment plan indicated that the IW is to continue medications. The provider indicated that he refilled Norco, Flexeril, and Prilosec. There was no mention of Tramadol in the progress note. There were multiple progress notes in the medical record that indicated the IW was taking Norco with various quantities #120 to #150 noted. There was no documentation regarding a request for urine drug screen in the medical record.

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 Criteria for Ongoing Opiate Use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #90 is not medically necessary. Ongoing management opiates requires documentation reflecting ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There should be satisfactory response to treatment that may be indicated by the patients decrease pain, increased level of function or improve quality of life. In this case, review of the medical record showed continued renewals of Norco. The injured worker had improvement in symptoms but there were no objective findings indicating functional improvement. Additionally there were no entries in the medical record corresponding to the Norco 10/325 mg #90 renewal. There were multiple entries of Norco 10/325 mg #120. Consequently, there was no clinical information to support the continued use of Norco. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Norco 10/325 mg #90 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI, GI effects and Cardiovascular Risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, NSAID

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #90 is not medically necessary. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs when they have risk for gastrointestinal event. These risks include: age greater than 65 years, history of peptic, peptic disease, perforation; concurrent use of aspirin, steroids or anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory news. In this case, a review of the medical record showed multiple renewals of Omeprazole during the course of medication treatment. However, there was no clinical documentation supporting the use of Omeprazole specifically referencing comorbid problems, peptic disease, G.I. bleeding, perforation, concurrent use of aspirin or multiple dose steroids. Consequently, Omeprazole is not indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg #90 is not medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 95-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing management opiates requires documentation reflecting ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. This should be a satisfactory response to treatment that may be indicated by the patient's decrease in pain, increased level of function, or improve quality of life. In this case, a review of the record did not show entries for specific documentation referencing Tramadol 50 mg #60. Entries were notable for Norco 10/325 mg #120, however tramadol or a request for tramadol was not present in the medical record. Consequently, Tramadol is not medically necessary based on absent documentation. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Tramadol 50 mg #60 is not medically necessary.

Urine Drug Screen retro 8/12/14: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screening is not medically necessary. Urine drug screening (UDS) is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. They should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. Indications for UDS are also influenced by whether the injured worker is at high risk or moderate risk for drug addiction or misuse. In this case, there is no documentation in the medical record to suggest whether this injured worker is at high risk or moderate risk for drug addiction or misuse. Additionally, there were no progress notes indicating the need for urine drug screening. There was no request for urine drug screening in the medical record. Consequently, based on the absence of the appropriate medical documentation, the request for urine drug screening is not medically necessary. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines, urine drug screening is not medically necessary.