

Case Number:	CM14-0181051		
Date Assigned:	11/05/2014	Date of Injury:	12/19/1997
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/31/2014

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 Geriatrics and is licensed to practice in New York. 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 52 year old woman with a date of injury of 12/19/97. He was seen by his primary treating physician on 9/5/14 complaining of increased lower back pain. Her medications included MS Contin, norco for breakthrough pain, anaprox, tompamax, Neurontin, senokot-S, synovacin, avinza, fexmid, Prilosec. She complained of occasional GI discomfort / heartburn like symptoms which were relieved by Prilosec. Her exam revealed a mildly antalgic gait, favoring the lower extremity. She had reduced lumbar spine range of motion in all planes, 5-/5 strength and bilateral positive straight leg raises. He had sensory deficits along the S1 distribution. His diagnoses included lumbar post-laminectomy syndrome status post L4-5, L5-S1 PLIF with subsequent removal of hardware, bilateral lower extremity radiculopathy, status post intrathecal morphine pump with subsequent removal and medication-induced gastritis. At issue in this review are the prescriptions for norco, anaprox and Prilosec. Length of prior prescription is not documented.

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, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 52 year old injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous diagnostic and treatment modalities and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/14 fails to document any improvement in pain or functional status specifically related to Norco or a discussion of side effects to medically justify use.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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

Decision rationale: This 52 year old injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous diagnostic and treatment modalities and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of prilosec.

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 52 year old injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous diagnostic and treatment modalities and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status to medically justify ongoing use.