

Case Number:	CM14-0027441		
Date Assigned:	06/13/2014	Date of Injury:	09/03/2009
Decision Date:	12/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 Maryland. 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 employee was a 47 year old male who sustained an industrial injury on 09/03/09 when he lifted a bucket overhead. The clinical note from 04/16/14 was reviewed. Subjective complaints included neck pain, upper back pain, mid back pain, lower backache and abdominal pain. Pain was rated as 8/10. He was not taking his medications as prescribed. His prescribed medications were Norco four times a day, Colace 100mg twice daily, Senokot daily, Lyrica, Biotene and Nexium. His prior history was significant for gastritis and GI bleeding. Pertinent review of systems included heart burn, abdominal pain, anxiety, depression, sleep disturbance and poor concentration. Pertinent examination findings included limited range of motion of spine, spasm and tenderness over paravertebral muscles, positive Spurling's maneuver, tenderness over spinous processes of L1 and L2, positive straight leg raising test on left side, and decreased sensation over L4 dermatome on left side and C5-8 distribution. The diagnoses included cervical/lumbar radiculopathy, thoracic compression fracture, abdominal pain, spine thoracic degenerative disc disease (DDD), lumbar facet syndrome and thoracic pain. The request was for Colace, Senokot, Norco and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 100mg, #60 with 2 Refills: Overturned

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in employees on opioids. The employee had been on Norco and hence the request for Colace 100mg #60 with 2 refills is medically necessary and appropriate.

Senokot #60 with 2 Refills: Upheld

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

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

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in employees on opioids. The employee had been on Norco and hence the request for Colace 100mg #60 with 2 refills is medically necessary and appropriate. There were no symptoms of constipation documented. The medical necessity for a second prophylactic agent for constipation like Senokot is not medically necessary or appropriate in the absence of documentation to support use of dual agents. Therefore, this request is not medically necessary.

Omeprazole (BRP) 20mg, #60: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicates Omeprazole as a proton pump inhibitor and is indicated in the treatment of dyspepsia and for prophylaxis in patients with high risk for GI events. The review of the medical records revealed positive GI symptoms including abdominal pain and acid reflux. There was also an underlying prior history of gastritis and bleeding. Given the ongoing symptoms and prior history of bleeding, the employee meets the criteria for ongoing Omeprazole use. The request for Omeprazole is medically necessary and appropriate.

Norco 10/325mg, #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, on-going management Page(s): 78.

Decision rationale: According to MTUS Chronic Pain Medical Treatment Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical and lumbar radiculopathy with Norco four times a day. There was no documentation of how the medication improved the pain level or functional status. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement, improvement of pain and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco 10/325mg #120 have not been met. Therefore, this request is not medically necessary.