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| Case Number: | CM14-0082711 | | |
| Date Assigned: | 07/21/2014 | Date of Injury: | 08/22/2012 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 05/15/2014 |
| Priority: | Standard | Application Received: | 06/04/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 37-year-old male who reported injuries due to continuous trauma on 08/22/2012. On 02/03/2014, his diagnoses included degenerative disc disease and mild facet spondylosis of the lumbar spine at L3-4, L4-5, and L5-S1, plus disc protrusions at L4-5 and at L5-S1, as well as an annular disc disruption at L4-5 associated with some stenosis and left lower extremity radiculitis, severe exogenous obesity associated with hypertension, degenerative lumbar/lumbosacral intervertebral disc disease, lumbosacral spondylosis, displaced lumbar intervertebral disc, lumbar spinal stenosis, and thoracic/lumbar neuritis/radiculitis. His complaints included continuing lower back and left leg pain. His medications included Norco 7.5/325 mg for pain control, Voltaren 75 mg as an anti-inflammatory medication, and Prilosec 40 mg as a stomach antacid medication, due to the fact that the other medications upset his stomach. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 7.5-325MG #100 WITH REFILLS X5 RFA 5-9-14 QTY:600.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-95.

Decision rationale: The request for Norco 7.5/325 mg #100, with refills x5 (RFA 05/09/2014) quantity 600 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use, including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain before and after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work or has improved functioning and decreased pain. For chronic back pain, opioids appear to be efficacious, but limited for short-term pain relief. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for, the less efficacious drugs. Long-term use may result immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including psychosocial assessment, side effects, failed trials of aspirin, antidepressants, or anticonvulsants, quantified efficacy, drug screens or collateral contacts. Additionally, there was no frequency specified on the request. Therefore, this request for Norco 7.5/325 mg #100, with refills x5 (RFA 05/09/2014) quantity 600 is not medically necessary.

PRILOSEC 40MG #30 WITH REFILLS X5 RFA 5-9-14 QTY: 200.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

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

Decision rationale: The request for Prilosec 40 mg #30 with refills x5 (RFA 05/09/2014), quantity 200 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include Prilosec, may be recommended, but clinicians should weigh indications for NSAIDs against GI risk factors. Those factors determining whether or not a patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high-dose/multiple NSAIDs. Prilosec is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. The injured worker does not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks of gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Prilosec 40 mg #30 with refills x5 (RFA 05/09/2014), quantity 200 is not medically necessary.

