

Case Number:	CM13-0063651		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2011
Decision Date:	03/13/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/10/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58 year old male who suffered a work related injury on 01/09/11. Per the physician notes from 10/04/13 he complains of mid back and low back pain and spasm in the mid back area. There is tenderness to palpation to the lumbar spine with muscle spasm noted to the paralumbar musculature. Diagnoses include disc lesion of the lumbar spine, plantar fasciitis left foot, depression, hypertension, and intermittent insomnia. The treatment plan includes refilling Norco, Prilosec, and Lisinopril. The Norco was non-certified by the Claims Administrator on 11/21/13 as the dose and quantity requested appear to be excessive and not consistent with the cited MTUS guidelines. The Prilosec was non-certified by the Claims Administrator per MTUS guidelines on 11/21/13. The Lisinopril was non-certified by the Claims Administrator on 11/21/13 per the ODG guidelines cited. The denied treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG #1,: Upheld

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

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

Decision rationale: The patient is a 58 year old male with an injury date of 01/09/11. Per the 10/04/13 report the patient presents with lower back pain and mid back pain with spasms. The current request is for PRILOSEC 20 mg #1. The RFA is not included. The most recent report provided dated 10/04/13 states that this request is for #60. The utilization review is dated 11/21/13. The reports do not state if the patient is currently working. MTUS Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page 69 state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The reports provided show the patient has been prescribed this medication since at least 01/11/13. The treater states that the use of this medication is for gastric mucosa and the patient states that the medication has been helpful. In this case, there is no evidence that the patient is prescribed an NSAID, and there is no GI assessment provided as required by guidelines. Therefore, the request IS NOT medically necessary.

LISINOPRIL 20MG #120,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG DIABETES (UPDATED 09/05/2013), HYPERTENSION TREATMENT

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://aetna-health.healthline.com/smartsourcesearch?q1=lisinopril&term=lisinopril&hmimuid=2792333&nodeid=0&type=rxg&subCat=DrugInformation#DrugInformation>

Decision rationale: The patient is a 58 year old male with an injury date of 01/09/11. Per the 10/04/13 report the patient presents with lower back pain and mid back pain with spasms. The current request is for Lisinopril 20 mg #120. The RFA is not included. The utilization review is dated 11/21/13. The reports do not state if the patient is currently working. MTUS and ODG guidelines do not discuss this specific medication. AETNA guidelines state that this ACE inhibitor is a preferred medication used to treat high blood pressure. <http://aetna-health.healthline.com/smartsourcesearch?q1=lisinopril&term=lisinopril&hmimuid=2792333&nodeid=0&type=rxg&subCat=DrugInformation#DrugInformation>. The 10/04/13 report states this medication is for treatment of hypertension. The 01/11/13 report states, after the work accident of January 09, 2001 that his blood pressure again was exacerbated to an abnormal level requiring blood pressure medications. The treater states on 10/04/13 that Norco, Prilosec and Lisinopril have been of benefit. Examinations of 01/11/13 and 05/10/13 show blood pressure as 175/94 and 179/99 respectively. No blood pressure findings are provided for the most recent report

dated 10/04/13. In this case, the medication is indicated for the hypertension that is documented for this patient. However, the 10/04/13 report states that this medication is 1 capsule a day and the patient is to return in 6 weeks. The requested #120 is over a 16 week supply. The request IS NOT medically necessary.

NORCO 10/325MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient is a 58 year old male with an injury date of 01/09/11. Per the 10/04/13 report the patient presents with lower back pain and mid back pain with spasms. The current request is for NORCO 10/325 MG #360 Hydrocodone, an opioid. The RFA is not included. The utilization review is dated 11/21/13. The reports do not state if the patient is currently working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that the patient has been prescribed this medication since at least 01/11/13. In this case, the 4A's have not been documented as required by MTUS for long-term opioid use. Analgesia is not documented. Pain scales or a validated instrument are not used to assess pain and functioning. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. A UDS dated 05/10/13 is provided that does not show the presence of Hydrocodone. There is no documentation of this inconsistent result in the reports provided. There is no discussion of adverse side effects or adverse behavior. No outcome measures are provided. The request IS NOT medically necessary.