MAXIMUS Federal Services

Case Number:	CM14-0137761		
Date Assigned:	09/05/2014	Date of Injury:	04/14/1998
Decision Date:	06/30/2015	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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: Pennsylvania
Certification(s)/Specialty: Family Practice

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 47 year old, female who sustained a work related injury on 4/14/98. The diagnoses have included late stage complex regional pain syndrome with weakness and contracture of left arm and left leg and status post spinal cord stimulator implant. The treatments have included exercises, compression, use of a heating pad and a spinal cord stimulator. In the PR-2 dated 2/5/14, the injured worker complains of left knee pain due to a recent fall. She is being followed for her neck and low back problems. She complains of burning neck pain with burning and aching that radiates down both arms to her fingertips. She has pins and needles sensations running down both legs to feet. She states her symptoms are worse than last visit. The treatment plan for this visit was for CT scans of cervical thoracic and lumbar spine and medications. The requested treatments for the Independent Medical Review currently are for medications not specified in the PR-2 note discussed here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60 Caps: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Pain Proton Pump Inhibitors.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAIDs at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID and at risk for gastrointestinal events. There was no diagnosis otherwise to support the use of omeprazole. The reason for the presciption for omeprazole was not provided. Therefore, omeprazole cannot be considered to be medically necessary.

Norco 10/325mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. Benefit from opioid use is not evident from the record.

OxyContin 15mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Oxycontin. Benefit from opioid use is not evident from the record.

Ondansetron HCL 4mg, #10 Tab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter: Pain Ondansetron (Zofran).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/odansetron.

Decision rationale: Odansetron is used to treat nausea and vomiting. There is no diagnoses to support the use of odansetron nor does the record provide the indication for odansetron in this case. The request is not medically necessary.