

Case Number:	CM14-0192642		
Date Assigned:	11/26/2014	Date of Injury:	06/19/2006
Decision Date:	01/16/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 19, 2006. In a Utilization Review Report dated November 3, 2014, the claims administrator denied a request for Norco and Prilosec. The claims administrator stated that the applicant did not have documented issues with gastritis. The claims administrator stated that its decisions were based on an October 21, 2014 progress note, and an associated October 29, 2014, RFA. In said October 21, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had had epidural steroid injections some 12 years prior. The applicant stated that her low back pain was decreasing her quality of life. The applicant reported 7 to 8/10 low back and leg pain. Diminished lumbar range of motion was noted. Epidural steroid injection therapy was sought while Naprosyn, Prilosec and Norco were renewed. It was stated that the applicant's ability to perform activities of daily living such as cooking, showering, and dressing had diminished since the epidural steroid injections some one year prior. The applicant was off of work and had been deemed "disabled," the attending provider acknowledged. The applicant was approximately one month shy of 65 years of age; it was incidentally noted, as of the October 21, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant is off of work. The applicant has been deemed disabled, the attending provider noted, in its October 21, 2014 progress note. The applicant is apparently receiving disability benefits and Workers' Compensation indemnity benefits. The attending provider's October 21, 2014 progress note, furthermore, failed to outline any quantifiable decrements in pain achieved as a result of ongoing Norco usage and, furthermore, suggested that the applicant's ability to perform basic activities of daily living such as cooking, showering, and dressing, had all diminished over time. All of the foregoing, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.

Prilosec 20 mg #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.

Decision rationale: Conversely, the request for Prilosec, a proton pump inhibitor, was medically necessary, medically appropriate and indicated here. As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events and who, by implication, qualify for prophylactic usage of proton pump inhibitors include those applicants who are age 65 years of age who are using NSAIDs, here, the applicant was approximately 65 years of age as of the date of the Utilization Review Report. Prophylactic provision of Prilosec was indicated as the applicant was concurrently using Naprosyn, an NSAID medication. Therefore, the request was medically necessary.

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: Finally, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into its choice of recommendations. Here, however, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Naprosyn usage. The fact that the applicant remains off of work and has been deemed "disabled," coupled with the fact that the applicant also remains dependent on opioid agents such as Norco and continues to report pain complaints as high as 7 to 8/10, taken together, suggest a lack of functional improvement as defined in the MTUS guidelines, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.