MAXIMUS Federal Services

Case Number:	CM14-0212727		
Date Assigned:	12/30/2014	Date of Injury:	05/13/1991
Decision Date:	03/04/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/19/2014

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: California
Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with reported date of injury on 5/13/1991, Mechanism of injury was not noted on record. Patient has a diagnosis of lumbar post-laminectomy syndrome, bilateral lower extremity radiculopathy, bilateral internal knee derangement, post L total knee replacement, post R arthroscopic surgery, cervical myoligamentous injury, R shoulder rotator cuff repair, hypogonadism from chronic opioid use and "medication induced gastritis". Patient is post L4-5 and L5-S1 anterior and posterior fusion on 7/11/2002.Medical reports reviewed. Last report available until 11/13/14. Patient is 56 years old, complains of severe low back pain radiating to bilateral lower extremities. Pain is 9/10. Back pain reportedly worsening. Patient is currently on various pain medications that enables the patient to function and work. Patient is on prilosec from medication induced gastritis. Objective exam reveals mild-moderate distress. Ambulates with antalgic gait using cane. Defuse neck and back pain with limited range of motion. R shoulder has mild decreased strength with abductions and elbow exam. Decreased sensation from C5-6 distribution bilaterally. Lumbar exam has limited ROM with tenderness and numerous trigger points. R sided ankle weakness. Decreased L5-S1 dermatomes, Positive Straight leg raise, Comorbid medical problems were not listed, only noted to have diabetes and hypertension from medications.Various study results were documented on progress notes and reviewed. Actual reports were not provided for review.Current medications include Norco, Motrin, Lyrica, Baclofen, Mirapex, Prilosec, Crestor, Metformin, Pramipexole, Sotalol, Diltiazem and Lisinopril/HCTZ.Patient reportedly received epidural injections in the

past.Independent Medical Review is for Anaprox DS 550mg #60, Prilosec 20mg #60 and Norco 10/325mg #180.Prior Utilization Review on 12/8/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

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

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for patient's with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient is on naproxen/anaprox chronically and patient has noted high blood pressure and diabetes. The provider has not documented monitoring patient for potential cardiovascular and blood pressure complications. The vague subjective "allows patient to function" does not meet MTUS guidelines definition of objective improvement. Anaprox is not medically necessary.

Prilosec 20mg #60: Upheld

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: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently on anaprox but in this review on UR, it is not medically recommended. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.

Norco 10/325mg #180: 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): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Provider has used a template claiming assessment of the 4A's but has failed to document any objective improvement in pain and function as required by MTUS guidelines; long term plan for opioid use, how opioid induced hypogonadism is being managed and monitoring plan. There is no documentation of any benefit to pain with patient complaining of 9/10 pain. Norco is not medically necessary.