

Case Number:	CM14-0216377		
Date Assigned:	01/06/2015	Date of Injury:	01/21/2013
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/24/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 21, 2013. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve requests for Tylenol with Codeine, omeprazole, and Norco. The claims administrator referenced an October 31, 2014 progress note in its determination. Some of the requests were partially approved to allow for weaning purposes. The claims administrator contended that the applicant had failed to profit as a result of earlier opioid therapy. The applicant's attorney subsequently appealed. In an applicant questionnaire dated October 31, 2014, the applicant acknowledged that he/she was not working. The applicant reported 7/10 pain. The applicant was unchanged. The applicant reported issues with poor sleep function, poor sitting tolerance, poor standing tolerance, and difficulty sleeping, despite ongoing usage of Norco. In an associated RFA form of October 31, 2014, Tylenol with Codeine, omeprazole, cervical epidural steroid injection, and Norco were endorsed, along with a general practitioner consultation to address allegations of hypertension, insomnia, weight gain, and gastritis. In an associated progress note dated October 31, 2014, the applicant reported unchanged symptoms of neck and back pain. The applicant was off of work and had last worked in January 2013. The applicant was using seven tablets of Norco daily. The attending provider stated that the applicant's medications were reducing his pain complaints by 40% to 50%. Tylenol with Codeine and omeprazole were endorsed. Norco was also refilled, the attending provider noted. It was stated that Norco was a represented refill while Tylenol with Codeine represented a first-time request. The attending provider stated that the applicant should employ Prilosec for gastritis.

While the attending provider stated that the applicant should employ Prilosec for gastritis purposes, the progress note provided contained no references to issues with reflux, heartburn, and/or dyspepsia. The applicant's questionnaire of October 31, 2014 likewise made no mention of issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

APAP with Codeine 300/30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 92, 124.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not outline a compelling rationale for concurrent provision with two separate short-acting opioid agents, Norco and Tylenol with Codeine. Therefore, the request was not medically necessary.

APAP with Codeine 300/30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 92, 124.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider did not outline a compelling rationale for concurrent provision with two separate short-acting opioid agents, Norco and Tylenol with Codeine. Therefore, the request was not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment

of NSAID-induced dyspepsia, in this case, however, there was no clear mention or reference to issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the October 31, 2014 progress note at issue. Therefore, the request was not medically necessary.

Norco 10/325 #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91, 124.

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

Decision rationale: 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 a result of the same. Here, the applicant was/is off of work, on total temporary disability, it was acknowledged on October 31, 2014. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking, despite usage of Norco at a rate of seven tablets a day. The applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Norco usage outweigh the reported reduction in pain scores achieved as a result of the same. Therefore, the request was not medically necessary.