

Case Number:	CM14-0216433		
Date Assigned:	01/06/2015	Date of Injury:	11/22/2011
Decision Date:	02/25/2015	UR Denial Date:	12/18/2014
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

According to the records made available for review, the injured worker is a 50 year-old male with a date of injury of 11/22/2011. The results of the injury include chronic low back pain. Diagnoses have included grade II anterolisthesis at L5-S1 with bilateral spondylosis. Diagnostic studies were not submitted for review. Treatments have included medications, exercise, and lumbar epidural steroid injections. Medications have included Norco, Prilosec, and Celebrex. A progress note from the treating physician, dated 11/20/2014, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the lower back, which radiates down the right lower extremity; reduction of pain after the lumbar epidural steroid injections; having more flare-ups; continued exercise; and currently working full-time. Objective findings included positive straight leg raise on the right side; and sensory changes noted on L5 nerve distribution. The physician included that the injured worker experiences 50% to 70% reduction of pain following each lumbar epidural steroid injection. The plan of treatment includes repeat lumbar epidural steroid injection; review the MRI; prescriptions for Norco 10/325 mg #60 and Prilosec 20 mg #30; and follow-up visit. Work status is noted as: continue current work. Request is being made for a prescription for Norco 10/325 mg #60 and a prescription for Prilosec 20 mg #30. On 12/18/2014, Utilization Review non-certified a prescription for Norco 10/325 mg #60. Utilization Review non-certified a prescription for Norco 10/325 mg #60 based on medical necessity, or lack of medical necessity. The Utilization Review cited the CA MTUS, Official Disability Guidelines, and Mosby's Drug Consult. Utilization Review non-certified a prescription for Prilosec 20 mg #30. Utilization Review non-certified a

prescription for Prilosec 20 mg #30 based on medical necessity, or lack of medical necessity. The Utilization Review cited the CA MTUS, Official Disability Guidelines, and Mosby's Drug Consult. Application for independent medical review was made on 12/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the Official Disability Guidelines, Norco 10/325 mg #60 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain. In this case, the injured worker's working diagnoses are grade II anterolisthesis at L5-S1 with bilateral spondylolisthesis. The injured worker has been taking Norco as far back as December 12, 2013. The documentation indicates the injured worker is taking more medications due to flare-ups (as far back as December 12, 2013). The documentation did not contain pain assessments, risk assessments or evidence of objective functional improvement. Consequently, absent medical documentation to support the continued use of Norco with objective functional improvement, Norco 10/325#60 is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, NSAIDs and GI effects

Decision rationale: Pursuant to the chronic pain medical treatment guidelines and the official disability guidelines, Prilosec 20 mg #30 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at-risk for certain gastrointestinal events. These risk factors include, but are not limited to, a greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high dose/ multiple non-steroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are grade II anterolisthesis at L5-S1 with

bilateral spondylolisthesis. The documentation did not contain comorbid conditions or past medical history putting the injured worker at risk for gastrointestinal events. Specifically, there was no history of peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. The review of systems did not show any G.I. symptoms or history of G.I. symptoms document. Consequently, at the clinical documentation to support the ongoing use of Prilosec in the absence of risk factors, Prilosec 20 mg #30 is not medically necessary.