

Case Number:	CM14-0219191		
Date Assigned:	01/09/2015	Date of Injury:	02/06/2003
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 2/6/03. He has reported low back pain. The diagnoses have included low back pain with occasional right sciatica, multilevel lumbar disc degeneration/spondylosis, probable mild right L5 radiculopathy and reflux. Treatment to date has included medications and a home exercise program. Currently, the IW complains of low back pain extending down the right leg, the pain is constant. He continues to take Motrin, Norco and Prilosec for lumbar radiculopathy. Physical exam noted the right Achilles reflex is decreased and straight leg raise testing on right causes some right leg discomfort. On 12/24/14 Utilization Review non-certified a prescription for Motrin 800 mg noting lowest effective dose was recommended for the shortest period, guidelines also state significant improvement should be noted, improvement was not noted; Prilosec was non-certified as it is used for GI upset with the use of NSAIDS and the NSAID was non-certified, and Norco was modified certification for weaning purposes noting opioids should be discontinued if there is lack of improvement in pain. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/30/14, the injured worker submitted an application for IMR for review of Norco 10/325 #30 and Motrin 800mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #30 is not medically necessary. Ongoing, chronic 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 they be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the nonsteroidal anti-inflammatory drug use of opiates should be contingent on meeting those goals. In this case, the injured worker's working diagnoses are low back pain with occasional right sciatica; multilevel lumbar disc degeneration/spondylosis with moderate bilateral foraminal stenosis at L5-S1; probable mild right L5 radiculopathy; and reflux, probably related to chronic NSAID utilization. Subjectively, the injured worker complains of low back pain, non-radiating and gastroesophageal reflux is well-controlled. Objectively, muscle strength in the dorsi flexors of the right ankle is 5/5 with intact sensation. The request for authorization was December 16, 2014. However, the last progress note in the medical record is September 16, 2014. There was no medical documentation on or about the date of request for authorization. The documentation indicates the treating physician prescribe Norco as far back as June 14, 2013. This appears to be a start date. However, there are no pain assessments in the medical record. There are no risk assessments in the medical record. The documentation does not contain objective functional improvement with the ongoing use of Norco. Consequently, absent clinical documentation to support the ongoing use of Norco with objective functional improvement, Norco 10/325#30 is not medically necessary.

Motrin 800mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI
Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Motrin 800 mg #100 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back pain with occasional right sciatica; multilevel lumbar disc degeneration/spondylosis with moderate bilateral foraminal stenosis at L5-S1; probable mild right L5 radiculopathy; and reflux, probably related to chronic NSAID utilization. Subjectively, the injured worker complains of low back pain, non-radiating and

gastroesophageal reflux, well-controlled. Objectively muscle strength in the dorsi flexors of the right ankle is 5/5 with intact sensation. The request for authorization was December 16, 2014. However, the last progress note in the medical record is September 16, 2014. There was no medical documentation on or about the date of request for authorization. The documentation indicates the treating physician prescribed Motrin as far back as May 9, 2012. The documentation does not contain objective functional improvement as it applies to Motrin. Additionally, Motrin is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been taking Motrin in excess of two years. Consequently, absent clinical documentation to support the ongoing use of Motrin with objective functional improvement, Motrin 800 mg #100 is not medically necessary.

Prilosec 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain NSAI

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 nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are low back pain with occasional right sciatica; multilevel lumbar disc degeneration/spondylosis with moderate bilateral foraminal stenosis at L5-S1; probable mild right L5 radiculopathy; and reflux, probably related to chronic NSAID utilization. Subjectively, the injured worker complains of low back pain, non-radiating and gastroesophageal reflux is well-controlled. Objectively muscle strength in the dorsi flexors of the right ankle is 5/5 with intact sensation. The request for authorization was December 16, 2014. However, the last progress note in the medical record is September 16, 2014. There was no medical documentation on or about the date of request for authorization. The documentation indicates prilosec has been used as far back as May 9, 2012. The treating physician indicated reflux is probably due to chronic nonsteroidal anti-inflammatory drug utilization. Motrin (a nonsteroidal anti-inflammatory drug) is not medically necessary based on the lack of documentation with objective functional improvement over a two-year period. Motrin is no longer medically necessary and, as a result, Prilosec 20 mg is no longer medically necessary. Additionally, there were no clinical notes in the medical record indicating comorbid conditions or past medical history compatible with peptic ulcer disease, G.I. bleeding, concurrent aspirin use, etc. Consequently, absent an indication for nonsteroidal anti-inflammatory drug use in the absence of risk factors for gastrointestinal events, Prilosec 20 mg #30 is not medically necessary.