

Case Number:	CM15-0004341		
Date Assigned:	01/16/2015	Date of Injury:	01/31/2007
Decision Date:	07/29/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 58 year old female, who sustained an industrial injury on 1/31/07. Initial complaints were not reviewed. The injured worker was diagnosed as having status post lumbar fusion L4-5 with degenerative disc disease; chronic low back pain. Treatment to date has included status post lumbar fusion (5/15/07); physical therapy; medications. Diagnostics included were MRI lumbar spine (11/19/14). Currently, the PR-2 notes dated 9/8/14 indicated the injured worker complains of ongoing pain in his low back which radiates intermittently down his left lower extremity. Due to his increased leg pain, a MRI was requested and notes, was repeatedly denied. A MRI of the lumbar spine was completed on 11/19/14. He has exhausted all of the authorized physical therapy and his pain cumulatively can be as high as 6-7/10 but with medications is reduced to 3-4/10. He continues to do his home exercise program. On physical examination, the provider notes his range of motion to flexion is 80 degrees, extension 30 degrees, bilateral rotation and lateral bending are 50 degrees. There is pain to palpation of the L4-5 and L5-S1 area, mid spine and left paraspinal musculature, as well as mildly on the right. There is allodynia and decreased sensitivity to the posterior aspect of both lower extremities with the right lower extremity extending to his knee and from his left extending to his calf. He has a negative straight leg raise bilaterally. The provider diagnosed him on this visit with status post lumbar fusion at L4-5 with degenerative disc disease and chronic localized low back pain and intermittent L4-5 radiculopathy bilaterally. The provider's treatment plan included Norco 10/325mg #120; Naprosyn 500mg #60 and Prilosec 40mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: 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): 76-79.

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. Patient continues to have significant pain and functional deficits. Provider has no documented objective in pain or function or long term plan for opioid therapy. Norco is not medically necessary.

Naprosyn 500mg Quantity 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(Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen/Naprosyn is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naprosyn chronically for a year with no documentation of any objective benefit. Chronic use of naprosyn is not recommended due significant long term side effects. Naprosyn is not medically necessary.

Prilosec 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & 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 naproxen but in this review on UR, it is not medically recommended. There is no dyspepsia complaints although provider notes "GI upset" as reason for prescription but provided no information concerning this. Patient is not high risk for GI bleeding although no medical history was documented in the multiple progress notes. Since NSAIDs are not recommended in this patient, Prilosec/Omeprazole is not medically necessary.