

Case Number:	CM15-0007981		
Date Assigned:	01/23/2015	Date of Injury:	11/18/2013
Decision Date:	03/23/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

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: Physical Medicine & Rehabilitation

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 male who reported an injury on 11/18/2013. A prior request was made for Zantac 150 mg a total of 60 and Norco 5/325 mg 1 PO for 60 tablets. The request was partially certified for Norco 5/325 mg a total of 30 tablets with no refills. This was due to a failure of documentation indicating the injured worker was at risk for gastrointestinal events or had been treated for dyspepsia. Additionally, there was a lack of information pertaining to how the injured worker's Norco had reduced his symptoms and improved his overall functional ability. The most recent clinical documentation dated 11/12/2014 indicated the injured worker's pain level varied between 8/10 and 10/10. He was again prescribed Norco to be taken twice daily for severe pain. d Norco to be taken twice daily for severe pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-73.

Decision rationale: Under the California MTUS Guidelines, patients are supported for utilizing proton pump inhibitors for reduction or prevention of GI upset. The clinical documentation provided for review did indicate that the injured worker had suffered from GI issues related to medication use. With the noted use of different oral medications, the request would be considered medically appropriate for ongoing use of the Zantac. As such, the request is certified.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: According to the California MTUS Guidelines, for ongoing use of an opioid, there must be documentation of medication compliance. There must also be significant reduction in pain, as well as functional improvement with the use of opioids. In the case of this injured worker, there was a lack of a current urine drug screen indicating consistency with the medication regimen. Additionally, there was a lack of significant pain reduction with the use of the Norco with the injured worker's most recent documentation of a pain level of 8/10 to 10/10. Therefore, ongoing use cannot be supported as the evidence indicates a medication is no longer effective for reducing symptoms. As such, the request is non-certified.