

Case Number:	CM15-0013151		
Date Assigned:	01/30/2015	Date of Injury:	03/12/2011
Decision Date:	03/20/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/22/2015

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: Family Practice

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 35 year old male who sustained an industrial related injury on 3/12/11. The injured worker is able to work modified duties with medications. Pain is rated 9/10 without medications and is rated 4-5/10 with medications. The injured worker had complaints of back and left lower extremity pain. Medications included Celebrex, Norco, Naproxen, Xanax, and Flexeril. Physical examination findings included 5/5 bilateral lower extremity strength, sacroiliac joint tenderness, negative Patrick's sign bilaterally, paraspinal muscle tenderness, and positive left leg straight raise test. An electromyogram study of bilateral lower extremities revealed bilateral L5 radiculopathies. Diagnoses included spondylolisthesis at L5-S1 level with severe neural foraminal stenosis, pars defect of lumbar spine bilateral at L5, low back pain, lumbar radiculitis, lumbar degenerative disc disease, anxiety, and dysthymia. The treating physician requested authorization for Naproxen 550mg #60, Norco 10/325mg #60, and Omeprazole 20mg #60. Regarding Norco, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted there was no objective improvement in function documented from prior Norco use. Regarding Naproxen, the UR physician cited the MTUS guidelines and noted clarification was needed on the specific response to the addition of Naproxen to the current treatment protocol to justify continuation of this medication. Regarding Omeprazole, the UR physician cited the MTUS guidelines and noted there was no mention of any ongoing gastrointestinal complaints. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naprosyn Page(s): 21, 72.

Decision rationale: According to the MTUS guidelines, anti-inflammatory medication are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the patient is noted to be using two different anti-inflammatory medications. The injured worker is also being prescribed and is taking Celebrex in addition to Naproxen. The medical necessity two different classes of anti-inflammatory medications is not supported. Chronic use of anti-inflammatory medications increases the risk of gastrointestinal and cardiovascular events. The request for Naproxen 550 mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>

Decision rationale: According to the MTUS guidelines, evidence-based guidelines indicate the proton pump inhibitors may be indicated for the following cases: (1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the medical records do not establish evidence of gastrointestinal complaints. There is indication of history of peptic ulcer, G.I. bleeding or perforation. The injured worker is also on Celebrex which has a low gastro-intestinal risk profile. Additionally, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. There is also an association with long-term use of proton pump inhibitors and vitamin B12 deficiency. The request for Omeprazole 20mg #60 not medically necessary.

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Per the MTUS guidelines, opioids may be continued if there has been improvement in pain and function. The medical records indicate that the injured worker is able to work modified duties with medications. Pain is rated 9/10 without medications and is rated 4-5/10 with medications. There is no evidence of abuse or diversion. Given the low morphine equivalent dosage the injured worker is currently on, and given that the injured worker is able to work modified duties, the request for Norco is supported. The request for Norco 10/325 mg #60 is medically necessary.