

Case Number:	CM15-0013462		
Date Assigned:	02/02/2015	Date of Injury:	05/23/1997
Decision Date:	03/24/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/23/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained a work/ industrial injury on 5/23/97. He has reported symptoms of left leg pain. Prior medical history was not documented. The diagnoses have included chronic left leg pain and lumbar radiculopathy. Treatment to date has included home exercise program, weight loss/diet, psychotherapy, and mediation. Medication included Norco, Prilosec, Neurontin, Coumadin, and Celebrex. Per the treating physicians progress report dated 1/13/15, the pain was reported 4/10 with 40% relief with use of medications. The treating physician reordered Prilosec and Norco. On 1/20/15, Utilization Review non-certified Prilosec 20 mg #60 and modified Norco 10/325 mg #180 to Norco 10/325 mg #90, noting the Medical treatment Utilization Schedule (MTUS) Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): chronic Pain Medical Treatment Guidelines 8 C.C.R.

9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

Decision rationale: No, the request for Prilosec, a proton- pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton-pump inhibitor such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on any recent office visit of late 2014 or early 2015.

Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, all information on file suggested that the applicant was not working on or around the date Norco was renewed. While the attending provider did recount some reduction in pain scores effected as a result of ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request was not medically necessary.