

Case Number:	CM15-0013489		
Date Assigned:	02/02/2015	Date of Injury:	04/22/1999
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62-year-old female who reported an injury on 04/22/1999 due to an unspecified mechanism of injury. On 10/01/2014, she presented for a followup evaluation reporting ongoing pain in the low back rated at a 5/10. Her medications included OxyContin 10 mg twice a day, Norco 10 mg twice a day to 3 times a day as needed #60, Soma 350 mg twice a day, Prilosec 20 mg twice a day, and diclofenac 75 mg twice a day. She noted that her pain would go from a 5/10 to an 8/10 without her medications. It was noted that her most recent CURES reports were inconsistent. A physical examination showed bruising of her bilateral eyes and bilateral knees that was resolving and decreased lumbar spine range of motion. There was positive paravertebral tenderness and a positive straight leg raise bilaterally, as well as positive paresthesias at the L5-S1. She was diagnosed with lumbar radiculitis. The treatment plan was to refill the injured worker's medications and continue to treat her symptoms and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #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/GI Risks Page(s): 67-69.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID use and for those at risk for gastrointestinal events due to NSAID therapy. The documentation provided does not indicate that the injured worker is receiving a satisfactory response to this medication. It is also not stated that she was at high risk for gastrointestinal events or that she had dyspepsia secondary to NSAID therapy to support the request. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Oxycontin 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker is having an objective improvement in function with the use of this medication. Also, official urine drug screens or cures reports were not provided for review to validate compliance. In addition, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should be performed during opioid therapy. The documentation provided fails to show that the injured worker is having an objective improvement in function with the use of this medication. Also, official urine drug screens or cures reports were not provided for review to validate compliance. In addition, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Diclofenac 75mg #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 Page(s): 67-68.

Decision rationale: The CAMTUS Guidelines indicate that NSAIDs are recommended for the short term relief of low back pain. There is a lack of documentation showing that the injured worker is having a functional improvement with this medication. Also, it is unclear how long the injured worker has been using this medication and without this information, the request would not be supported. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.