

Case Number:	CM15-0013597		
Date Assigned:	02/02/2015	Date of Injury:	08/29/2012
Decision Date:	03/27/2015	UR Denial Date:	12/24/2014
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

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 60-year-old male who reported an injury on 08/29/2012. The mechanism of injury was not provided. The surgical history was not provided. The documentation indicated the injured worker was utilizing opiates and NSAIDs since at least 2013. The documentation of 12/15/2014 revealed the injured worker was in for a followup and was having pain. The injured worker was noted to have no side effects. The documentation was handwritten and difficult to read. However, it was indicated the physician would add omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet #120 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had the medication omeprazole added; however, there was a lack of documentation of side effects from medications. There was a lack of documentation of objective functional benefit, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior. The request as submitted failed to indicate the frequency and strength of the requested Ultracet. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above and the lack of documentation, the request for Ultracet #120 with 1 refill is not medically necessary.

Diclofenac 100 MG #30 with 1 Refill: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit and an objective decrease in pain. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for diclofenac 100 mg #30 with 1 refill is not medically necessary.

Omeprazole 20 MG OD #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to provide legible documentation to support the injured worker was at intermediate or high risk for gastrointestinal events. Additionally, the request for diclofenac was not supported and therefore, the request for omeprazole would not be supported. There was a lack of documentation

indicating a necessity for 1 refill without re-evaluation. Given the above, the request for omeprazole 20 mg OD #30 with 1 refill is not medically necessary.