

Case Number:	CM15-0015480		
Date Assigned:	02/03/2015	Date of Injury:	07/12/2012
Decision Date:	03/27/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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, Hawaii
 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 40 year old male, who sustained an industrial injury on 07/12/2012. The diagnoses have included lumbosacral degenerative disk disease with foraminal stenosis with bilateral lower extremity radiculopathy. Treatments to date have included physical therapy, acupuncture, lumbar epidural steroid injection, and medications. Diagnostics to date have included MRI of lumbar spine on 06/07/2014 which showed disc desiccation at L5-S1, straightening of the lordotic curvature, and broad based posterior disc herniation indenting the thecal sac at L5-S1. In a progress note dated 12/19/2014, the injured worker presented with complaints of lumbar spine pain and bilateral lower extremity radicular pain and weakness. The treating physician reported that Tramadol is not helpful for injured worker's pain and will discontinue along with Ibuprofen and start on Naproxen. In addition, the injured worker complained of erectile dysfunction and requested urology consultation. Utilization Review determination on 01/05/2015 non-certified the request for Prilosec 20mg #30 with 1 refill and 1 Urology Consultation and modified the request for Norco 10/325mg #90 with 1 refill to Norco 10/325mg #23 citing Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and CV Risk Page(s): 68.

Decision rationale: The patient is treated for and has persistent complaints of chronic low back pain with bilateral lower extremity pain and weakness. The current request is for Prilosec 200mg #30 with 1 refill. Prilosec (omeprazole) is a proton pump inhibitor that decreases the amount of acid produced in the stomach. It is used to treat symptoms of GERD and other conditions caused by excess stomach acid. The MTUS guidelines state that proton pump inhibitors (PPIs) are recommended for patients at risk of a GI event. Specific risk factors include (1) age > 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 patient does not have any current risk factors for GI event. The guidelines further state that patients with no risk factors and no cardiovascular disease, then non-selective NSAIDs are OK (e.g, Ibuprofen, Naproxen, etc.) In this case, the records indicate the patient was prescribed Naproxen. Because the patient has no risk factors and no CV disease the request is not supported by the guidelines. As such recommendation is for denial.

Norco 10/325 mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84.

Decision rationale: The patient is treated for and has persistent complaints of chronic low back pain with bilateral lower extremity pain and weakness. The current request is for Norco 10/325mg #90 with 1 refill. The California MTUS states the criteria for continued use of Opioids include: "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period from last assessment, average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patients decreased pain, increased level of function, or improved quality of life The 4A's for ongoing monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychological functioning, and occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case there is no documentation for continued opioid usage

and there is no discussion indicating any aberrant drug behaviors. The available records indicate a lack of pain and functional improvement with the use of Opioids. The MTUS requires much more documentation for continued opioid usage. As such, recommendation is for denial.

1 urology consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 page 127

Decision rationale: The patient is treated for and has persistent complaints of chronic low back pain with bilateral lower extremity pain and weakness. The current request is for 1 urology consultation. The attending physician report dated 12/19/14 (page 92 b) documents that the patient has complaints of erectile dysfunction. He requests a urology consult for the purpose of AOE/COE. ACOEM guidelines, chapter 7, page 127 states that the occupational health practitioners may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In this case, the requested urology request meets the ACOEM guidelines criteria for medical necessity. As such, my recommendation is for approval.