

Case Number:	CM15-0017494		
Date Assigned:	02/05/2015	Date of Injury:	01/18/2010
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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 61-year-old male who reported an injury on 01/18/2010. The mechanism of injury involved a fall. The current diagnoses include lumbar spine pain, bilateral sciatica, lumbar spine disc bulge, left knee pain, and hypertension. The injured worker presented on 12/30/2014 for a followup evaluation with complaints of persistent pain, activity limitation, and moderate depression with anxiety. There was no physical examination provided on that date. Recommendations included a decompression with anterior and posterior fusion at L2-5 as well as continuation of the current medication regimen of Norco 5 mg, Prilosec 20 mg, Norco soft, and ibuprofen cream. An orthopedic consultation followup was recommended. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen cream 1 tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. Therefore, the current request for an ibuprofen cream is not medically appropriate. Additionally, there was no strength or frequency listed in the request. As such, the request is not medically appropriate.

Norcsoft 775mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Chronic Pain Chapter, Opioid Induced Constipation treatment.

Decision rationale: The California MTUS Guidelines recommend initiating prophylactic treatment of constipation when also initiating opioid therapy. The Official Disability Guidelines state first line treatment for opioid induced constipation includes increase in physical activity, maintaining appropriate hydration and advising the patient to follow a proper diet. There is no indication that this injured worker has tried and failed first line treatment for opioid induced constipation. The medical necessity for the requested medication has not been established in this case. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 77, 79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. The injured worker has utilized the above medications since at least 08/2014 without any evidence of objective functional improvement. There was no written consent or agreement for chronic use of an opioid provided. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state 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, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there was no frequency listed in the request. As such, the request is not medically appropriate.