

Case Number:	CM15-0018086		
Date Assigned:	02/06/2015	Date of Injury:	04/25/2002
Decision Date:	03/30/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	01/30/2015

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 53 year old female, who sustained a work related injury on 4/25/02. The diagnoses have included lumbar surgery x 2 and degenerative disc disease. Treatments to date have included paravertebral facet injections with medial branch blocks, TENS unit therapy, oral medications, an esophagogastroduodenoscopy, a home exercise program and lumbar spine surgery x 2. In the PR-2 dated 1/5/15, the injured worker complains of low back pain with pain that radiates down both legs. She complains of abdominal pain. On 1/17/15, Utilization Review non-certified a prescription request for Prilosec 20mg., 1 tablet 2x/day, as needed, #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 1/17/15, Utilization Review modified a prescription request for Norco 5/325mg., 1 tablet 2x/day as needed, #60. To Norco 5/325mg., 1 tablet 2x/day as needed, #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, take 1 tablet twice a day as needed, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI and cardiovascular risk Page(s): 78, 124, 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

Decision rationale: The patient was injured on 04/25/02 and presents with low back pain radiating down both legs. The request is for PRILOSEC 20 MG, TAKE 1 TABLET TWICE A DAY AS NEEDED, #60 for heartburn. The RFA is dated 01/05/15 and the work status is unknown. The patient has been taking this medication as early as 01/10/13. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states: NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. The patient is currently taking Prilosec and Hydrocodone. She has been taking Prilosec since 01/10/13. The 08/14/14 report mention that the patient has abdominal pain. The 11/04/14 report states that the patient is taking omeprazole for treatment of heartburn. The 01/05/15 report indicates that the patient has abdominal pain controlled with the omeprazole. Although the treater documents how Prilosec is provided benefit to the patient, there is no discussion provided regarding how Hydrocodone is upsetting the patient's stomach. The patient is not on any NSAIDs. The patient is not over 65, does not have a history of peptic ulcer disease and GI bleeding or perforation, does not have concurrent use of ASA or corticosteroid and/or anticoagulant, and does not have high-dose/multiple NSAID. However, the patient continues to have stomach complaints with heartburns and has had endoscope done in the past. Use of PPI's are indicated for GERD and other stomach issues. The request IS medically necessary.

Norco 5/325mg take 1 table twice a day as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 04/25/02 and presents with low back pain radiating down both legs. The request is for PRILOSEC 20 MG, TAKE 1 TABLET TWICE A DAY AS NEEDED, #60. The RFA is dated 01/05/15 and the work status is unknown. The patient has been taking this medication as early as 01/10/13. MTUS Guidelines pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as pain assessment or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There are no examples of ADLs, which demonstrate

medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. The patient had a urine drug screen on 02/04/14 which revealed that she was consistent with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.