

Case Number:	CM15-0118093		
Date Assigned:	06/26/2015	Date of Injury:	12/29/2005
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 34-year-old who has filed a claim for chronic low back pain and posttraumatic headaches reportedly associated with an industrial injury of December 29, 2005. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for Norco, Prilosec, and Tegaderm. The claims administrator referenced an RFA form received on May 27, 2015 and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of psychological stress. The applicant was using Duragesic patches once every three days and Norco up to six tablets a day for breakthrough pain, it was suggested. The attending provider nevertheless posited that the applicant's medications were keeping him functional but did not elaborate further. The applicant was using Duragesic once every three days, oral Norco six times daily, Lexapro, Prilosec, and Tegaderm, it was suggested. The applicant had undergone earlier lumbar fusion surgery. The applicant had derivative complaints of depression and anxiety. The attending provider stated toward the bottom of the report that usage of Prilosec was ameliorating issues with Norco-induced dyspepsia. The applicant was using Tegaderm patches over Duragesic, it was reported. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: On-Going Management; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant did not appear to be working with permanent restrictions in place, it was suggested (but not clearly stated) on May 19, 2015. While the attending provider stated that the applicant's medications were beneficial on that date, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Omeprazole 20mg capsule, 1 month supply: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, is medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the opioid-induced dyspepsia seemingly present here. The attending provider reported on May 19, 2015 that omeprazole had effectively attenuated issues with opioid-induced dyspepsia. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Tegaderm misure dressing: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand Chapter: Wound dressings.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration Duragesic (Fentanyl Transdermal System) If you continue to have problems with the patch sticking, you may cover the patch with Bioclusive™ or Tegaderm™.

Decision rationale: Finally, the request for a Tegaderm dressing is medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider discuss the efficacy of medication for the particular condition for which it has been prescribed and discuss any other relevant information with the applicant to ensure proper usage and to manage expectations. The Food and Drug Administration (FDA) notes that Tegaderm dressings can be employed over Duragesic patches so as to facilitate adhesion. Here, the applicant was using Duragesic (fentanyl) patches. Provision of Tegaderm was indicated to facilitate adhesion of the Duragesic patches at issue. Therefore, the request is medically necessary.