

Case Number:	CM15-0122025		
Date Assigned:	07/06/2015	Date of Injury:	06/13/2013
Decision Date:	07/31/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 50 year old male who sustained an industrial injury on 06/13/2013. Mechanism of injury occurred when he lifted a heavy piece of equipment and felt his back pop, and pain. Diagnoses include degenerative lumbar disc disease, lumbar discogenic pain syndrome, right L4 and right L5 radiculopathy, chronic pain syndrome, depression and diabetes. Treatment to date has included diagnostic studies, medications, epidural steroid injections, cognitive behavioral sessions, and physical therapy. His current medications include Januvia, Glucophage, Amaryl, Norco, Naproxen and Prilosec. On 03/24/2015 he underwent a urine toxicology analysis and it was consistent with his medication. On 11/05/2014 a lumbar Magnetic Resonance Imaging showed L3-4 and L4-5 spinal stenosis secondary to facet hypertrophy and ligamentum flavum buckling with bulging discs at both levels. On 01/13/2014 electrodiagnostic studies demonstrated right L4 and right L5 radiculopathy. A physician progress note dated 05/20/2015 documents the injured worker complains of chronic low back pain and right lower extremity pain/numbness and weakness. He has an antalgic gait and uses a cane for ambulation due to right lower extremity pain and weakness. He rates his pain as 7 out of 10 with pain medications and 9 out of 10 without pain medications. He feels his medications are somewhat helpful for his pain. His lumbar spine has decreased sensation in the right L4 and L5 dermatomes. There is minimal tenderness over the paraspinals. He has pain with flexion and extension and straight leg raise is positive on the right and elicits low back pain on the left. Treatment requested is for Naprosyn 550mg quantity 60 with six refills, Norco 10/325mg quantity 120 with six refills, and Prilosec 20mg quantity 60 with six refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120 with six refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over a year in combination with NSAIDs without significant improvement in pain or function. The continued use of Norco is not medically necessary.

Naprosyn 550mg quantity 60 with six refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year in combination with Norco. There was no indication of Tylenol failure. The claimant required a PPI for GI protection while on NSAIDs. Pain levels increased over the year indicating reduced pain control or worsening symptoms. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

Prilosec 20mg quantity 60 with six refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.