

Case Number:	CM15-0128294		
Date Assigned:	07/15/2015	Date of Injury:	10/25/2012
Decision Date:	09/11/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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, Michigan

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 50-year-old male injured worker suffered an industrial injury on 10/25/2012. The diagnoses included. The diagnostics included the injured worker had been treated with on 6/8/2015 the treating provider reported continued pain in the neck and right shoulder and the pain had been had as the medications had been denied. He had been taking Advil in additions to Nabumetone. In addition, he presented with pain rated 9/10 without medication. The head and neck was tender and reduced range of motion. The right shoulder was tender with restricted range of motion. The lumbar spine was tender with facet joint tenderness with decreased range of motion. The injured worker had 2 inconsistent urine drug screens but the most recent one was co consistent. It was not clear if injured worker had returned to work. The treatment plan included Prilosec DR 20mg #60 and Tylenol- Codeine #4 300mg-60mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non-steroidal anti-inflammatory drugs) GI (gastrointestinal) symptoms Page(s): 68-71.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend with precautions the use of Proton Pump Inhibitor medications (PPI) for treatment of gastrointestinal symptoms related to the use of non-steroidal anti-inflammatory drug (NSAID). They are recommended for high dose/multiple NSAID use. The documentation provided indicated the injured worker was prescribed Nabumetone and used Advil on his own, which are both NSAID medications. Although there were no active GI symptoms, the guidelines support the use of PPI prophylactically. Therefore, Prilosec is medically necessary.

Tylenol- Codeine #4 300mg-60mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS discourages long-term usage unless there is evidence of "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 since 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 patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. The documentation provided indicated there was an assessment for aberrant drug use by performing urine drug screens often. The medical record did not include a comprehensive pain assessment and evaluation and no evidence of functional improvement. Therefore, Tylenol- Codeine #4 300mg-60mg #120 was not medically necessary.