

Case Number:	CM15-0129807		
Date Assigned:	07/16/2015	Date of Injury:	01/14/2012
Decision Date:	09/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 59 year old female, who sustained an industrial injury on 01/14/2012. She has reported subsequent low back and bilateral leg pain and was diagnosed with lumbar degenerative disc disease, left lower extremity radiculopathy and thoracic spine sprain/strain. Treatment to date has included medication, electrical stimulation unit, cold therapy device, bracing, physical therapy, acupuncture and chiropractic treatment. The documentation shows that Prilosec and Norco were prescribed since at least 11/05/2014. In a progress note dated 05/18/2015, the injured worker complained of continued constant low back pain that was rated as 7/10 and radiated to the bilateral lower extremities. No objective findings were documented. Work status was temporarily totally disabled. The most recent progress notes showed no significant reduction in pain and the majority of notes indicate a worsening of pain despite the use of Norco. A request for authorization of Prilosec 20 mg #30 and Norco 5/325 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, proton-pump inhibitors.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation indicating the patient has any GI symptoms or GI risk factors. There is no documentation that shows that the injured worker is currently taking multiple NSAID medications, the injured worker is not greater than 65 years of age and there is no documented history of gastrointestinal bleeding or peptic ulcers. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of opioids Page(s): 76-91, 68.

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

Decision rationale: According to the CA MTUS, Norco (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. A good response to treatment can be shown by decreased pain, increased function or improved quality of life. The documentation submitted shows that Norco had been prescribed since at least 11/05/2014. There was no documentation of significant pain reduction, functional improvement or improved quality of life with medication use. The injured worker's pain was rated as 7-9/10 with the use of medications and 9-10/10 without medications and most notes documented either unchanged or worsening pain levels/functional status. Work status remained temporarily totally disabled and activities of daily living evaluation sheets showed continued difficulty with performing tasks and no significant improvement was noted. The documentation is insufficient to establish the medical necessity of the requested medication. The request for Norco is not medically necessary.