MAXIMUS Federal Services

Case Number:	CM15-0149538		
Date Assigned:	08/12/2015	Date of Injury:	06/02/2008
Decision Date:	10/08/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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: Pennsylvania, Ohio, 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 52 year old male, who sustained an industrial injury on June 2, 2008, incurring shoulder, upper and lower back injuries after a motor vehicle accident. He was diagnosed with cervical spine disc disease, thoracic spine sprain, lumbar spine disc disease and internal derangement of the left shoulder. Treatment included acupuncture, pain medications, anti-inflammatory drugs, sleep aides, proton pump inhibitor, psychotherapy, antidepressants and activity restrictions. Currently, the injured worker complained of persistent sharp pains in the left arm, left shoulder, lower back and left leg. He noted increased pain in the mid back radiating into his chest. The treatment plan that was requested for authorization included prescriptions for Norco, Lunesta, Anaprox DS and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Insomnia Treatment.

Decision rationale: MTUS does not discuss this request. ODG discusses insomnia treatment and recommends pharmacological treatment of insomnia only after careful evaluation of potential causes of sleep disturbance. Overall this request is not supported by the treatment guidelines. The request is not medically necessary.

Anaprox DS 550mg #160 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. A prior physician review concluded that this medication is not medically necessary due to the lack of objective documentation of functional benefit. However MTUS does not require objective functional improvement to support benefit from NSAIDs; reported subjective improvement as in this case also is consistent with MTUS guidelines. This request is medically necessary.

Prilosec 20mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication; the request is not medically necessary.