

Case Number:	CM15-0170828		
Date Assigned:	09/18/2015	Date of Injury:	09/30/1999
Decision Date:	10/30/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/31/2015

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: 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 injured worker is a 64 year old male who sustained an industrial injury September 30, 1999, when he lifted and stocked documents and developed pain in his neck, chest and low back. According to a primary treating physician's re-evaluation dated November 1, 2012, the injured workers past history included lumbar spine surgery March 28, 2000, and episodic flare-ups of cervical and lumbar spine pain. He was diagnosed as chronic strain and sprain of the cervicothoracic spine and associated musculoligamentous structures; multilevel cervical disc disease per MRI October 2012; multilevel lumbar disc disease per MRI October 2012. A most recent handwritten primary treating physician's progress report dated July 16, 2015, revealed the injured worker presented for a medication refill and there was no change since his last examination. Handwritten note is difficult to decipher. No physical examination is documented. Diagnosis is checked off as same as last visit. At issue, is the request for authorization for ibuprofen, Norco, and Zantac. According to utilization review dated July 30, 2015, the request for Norco 5-325mg #120 Rx 07-16-2015, is non-certified, weaning is recommended. The request for ibuprofen 600mg #60 Rx 07-16-2015, is non-certified. The request for Zantac 150mg #60 Rx 07- 16-2015 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #120 Rx 7/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines are very specific with the standards of care necessary to support the long-term utilization of opioids. These standards include detailed documentation of use patterns, amount of pain relief, length of pain relief, and functional improvements due to use. These standards have not been met in this individual. There is no up to date documentation that meets the Guideline standards to support the continued use of opioid medications. Under these circumstances, the Norco 5/325 MG #120 Rx 7/16/15 is not supported by guidelines and is not medically necessary.

Ibuprofen 600 MG #60 Rx 7/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines do not recommend the long-term daily use of NSAID medications for chronic low back pain. If there is some benefits, short term use for distinct flare-ups is recommended, but there is no evidence of benefits from long term daily use. The records do not document any unusual circumstances to justify an exception to Guidelines, as there is no documentation of improved pain or functional benefits. The Ibuprofen 600 MG #60 Rx 7/16/15 is not supported by Guidelines and is not medically necessary.

Zantac 150 MG #60 Rx 7/16/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS Guidelines do not support the routine use of acid blockers unless there are specific patient risk factors present and/or there are gastric side effects from medications. In the records reviewed, these Guideline standards are not met. This individual's age, lack of medical co-morbidities nor NSAID dosing support the use of acid blockers. No GI side effects are documented in the records reviewed. Under these circumstances, the Zantac 150 MG #60 Rx 7/16/15 is not supported by Guidelines and is not medically necessary.