

Case Number:	CM15-0179471		
Date Assigned:	09/22/2015	Date of Injury:	04/03/2009
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/11/2015

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: Texas, New York, 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 applicant is a represented 49-year-old who has filed a claim for chronic low back, elbow, and heel pain reportedly associated with an industrial injury of April 3, 2009. In a utilization review report dated August 26, 2015, the claims administrator failed to approve request for Norco and Prilosec. The claims administrator referenced an August 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. In a psychiatry progress note dated September 2, 2015, the applicant was described as having gained 30 pounds over the two to three months. The applicant was described as not doing well from a mental health perspective. Heightened complaints of depression, anxiety, and fatigue were reported. The applicant stated that he was hopeless. Xanax, Nuvigil, Abilify, and Klonopin were endorsed. The applicant's work status was not detailed, although it did not appear that the applicant was working. On a pain management note dated August 12, 2015, the applicant reported ongoing complaints of low back, elbow, and heel pain. Norco, Flexeril, and Prilosec were renewed and/or continued. The applicant was having difficulty standing and walking, it was reported and apparently using a cane to move about. The applicant exhibited a visible limp, it was reported. The applicant's work status was not detailed, although it did not appear the applicant was working. The applicant was described as having heightened complaints of pain and discomfort on this date. The applicant was using omeprazole for dyspepsia, it was stated in one section of the note. No seeming discussion of medication efficacy insofar as Norco was concerned transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg #120: 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): Opioids, criteria for use.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not detailed in the office visits of August 12, 2015 and September 2, 2015, it was suggested the applicant was not, in fact, working. Heightened pain complaints were reported on August 12, 2015. The applicant reported difficulty standing and walking and was apparently having difficulty moving about without the aid of a cane. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

1 Prescription of Omeprazole 20mg #30: Overturned

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: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia and, by implication, the stand-alone dyspepsia reportedly present here, per the August 12, 2015 office visit at issue on which it was stated that the applicant had developed issues with stomach upset/dyspepsia. Introduction of omeprazole was indicated to ameliorate the same. Therefore, the request was medically necessary.