

Case Number:	CM15-0043538		
Date Assigned:	03/13/2015	Date of Injury:	05/18/2012
Decision Date:	06/17/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Internal 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 60-year-old male, who sustained an industrial injury on May 18, 2012. The diagnoses have included recurrent disc herniation L5-S1, severe discogenic pain, degenerative disc disease and bilateral foraminal stenosis, L4-L5 and L5-S1, retrolisthesis/spondylosis L4-L5 grade I, neuropathic pain with radicular symptoms, major depression, gastritis and left sacroiliitis. Treatment to date has included microdiscectomy and laminectomy at L5-S1 with discectomy at L4-L5 on November 12, 2013, anti-inflammatory medications, physical therapy, chiropractic treatments, acupuncture and bilateral L4-5 and L5-S1 transforaminal epidural steroid injections on September 1, 2014 and opioids, Magnetic resonance imaging of lumbar spine on December 26, 2012 and March 10, 2014, psychology evaluation. Currently, the injured worker complains of low back pain with leg pain left worse than the right, neuropathic pain and severe depression. In a progress note dated January 22, 2015, the treating provider reports examination of lumbar spine revealed worsening gait, uses a cane, pain to palpation over the L4-L5 and L5-S1 area, palpable spasms noted, decreased sensory to light touch in the left lower extremity in the L5-S1 distribution, positive straight leg raise which indicates sacroiliitis and he has positive compression and there is pain to palpation over the left sacroiliac joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Famotidine 2mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Famotidine is in a class of medications called H2 blockers that work by decreasing the amount of acid made in the stomach. Famotidine is used to treat conditions including ulcers and gastroesophageal reflux disease. Documentation shows that the injured worker is diagnosed with Gastritis, supporting the use of Famotidine. The request for Famotidine 2mg #30 with 3 refills is medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications Page(s): 78-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker complains of chronic radicular low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request Norco 10/325mg #180 is not medically necessary.

Colace 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risks Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus>.

Decision rationale: Stool softeners are used on a short-term basis to treat constipation. Being that the continued use of Opioids has not been recommended for this injured worker, the use of Colace to treat opioid-induced constipation is no longer indicated. The request for Colace 100mg #60 with 3 refills is not medically necessary.

Omeprazole 20mg #30 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Proton Pump Inhibitors (PPIs) are indicated for treatment of Gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation shows that the injured worker is diagnosed with Gastritis, which would support the use of Omeprazole. The request for Omeprazole 20mg #30 with 3 refills is medically necessary per MTUS guidelines.