

Case Number:	CM15-0067851		
Date Assigned:	04/15/2015	Date of Injury:	08/17/2011
Decision Date:	05/27/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/09/2015

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: 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 56-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of August 17, 2011. In a Utilization Review report dated March 28, 2015, the claims administrator failed to approve requests for Norco and Prilosec. The claims administrator referenced a RFA form received on March 20, 2015. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of shoulder, arm, neck, and low back pain. The applicant was using a cane to move about. The applicant was seemingly given renewal prescriptions for Naprosyn, Ambien, Lidoderm, Norflex, Norco, and Prilosec. It was suggested that the applicant was using Prilosec for gastric protective effect, in one section of the note. The applicant was 56 years old, the treating provider reported. No discussion of medication efficacy transpired. The applicant's work and functional status were not outlined. The progress note comprised, in large part, of various guidelines. The attending provider did state that the applicant's ability to perform unspecified household tasks had been improved as a result of medication consumption. This was not, however, elaborated or expounded upon. On March 19, 2015, the applicant's rheumatologic medical-legal evaluator stated that the applicant was 100% permanently and totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO TABLETS 5/325MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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 was off of work, a medical-legal evaluator opined above. The applicant had been deemed 100% permanently and totally disabled. The attending provider's most recent progress note of March 5, 2015 failed to outline either quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage (if any). The attending provider's commentary to the effect that the applicant's ability to perform unspecified household tasks as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

PRILOSEC 20MG #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The attending provider indicated on March 5, 2015 that Prilosec was being employed for gastric protective effect as opposed to for actual symptoms of reflux. However, the applicant seemingly failed to meet criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors, which include evidence that an applicant is 65 years of age and using NSAIDs, evidence that an applicant has a past history of GI bleeding and peptic ulcer disease, evidence that an applicant is using multiple NSAIDs and/or evidence that an applicant is using NSAIDs in conjunction with corticosteroids. Here, the applicant was less than 65 (age 56), was only using one NSAID, Naprosyn, was not concurrently using corticosteroids, and had no documented history of GI bleeding or peptic ulcer disease. Therefore, the request was not medically necessary.