

Case Number:	CM15-0072440		
Date Assigned:	04/22/2015	Date of Injury:	10/02/2006
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on October 2, 2006. He has reported left leg pain, back pain, knee pain, hip pain, ankle pain, and foot pain. Diagnoses have included right wrist fracture, heel fracture, left leg fracture, De Quervain's tenosynovitis, lumbar spine strain/sprain, chronic regional pain syndrome of the left lower leg, posttraumatic stress disorder, depression, anxiety, and dyspepsia. Treatment to date has included medications, physical therapy, functional capacity evaluation, multiple surgeries, acupuncture, and imaging studies. A progress note dated March 6, 2015 indicates a chief complaint of right wrist and hand pain with numbness, tingling and weakness, left knee pain, gastrointestinal upset despite the use of medications, depression, anxiety, stress, and sleep disturbances. The treating physician documented a plan of care that included psychological consultation, internal medicine consultation, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation for Gastrointestinal and Anxiety: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter- pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness. In this case, the claimant had persistent anxiety and gastric upset despite use of Prilosec and Benzodiazepines. Therefore the request for an internal medicine consultation is appropriate to determine the appropriate management and treatment of persistent symptoms and failure of medication response.

Norco 10/325mg quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco without significant improvement in pain (from 9/10 to 7/10 while on multiple pain medications) or function. There was no indication of initiating a lower dose trial or failure of Tricyclic or Tylenol use. The future pain reduction with Norco cannot be determined and the use of Norco with 1 refill is not medically necessary.

Prilosec 20mg quantity 30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of NSAID antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not justified until further evaluation is performed and is not medically necessary.