

Case Number:	CM15-0072457		
Date Assigned:	04/22/2015	Date of Injury:	05/27/1992
Decision Date:	05/27/2015	UR Denial Date:	04/02/2015
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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 52 year old male who sustained an industrial injury on 05/27/1992. Current diagnoses include status post lumbar laminectomy with ongoing lower back pain and left radicular symptoms, neuropathic pain, and muscle spasms. Previous treatments included medications management, back surgery, chiropractic therapy, epidural blocks, and home exercises. Previous diagnostic studies include an MRI of the lumbar spine. Initial complaints included low back pain after slipping and falling. Report dated 03/20/2015 noted that the injured worker presented with complaints that included lower back pain and muscle spasms associated with burning and weakness of the left leg. Pain level was 8 /10 without medications and 4/10 with medications on the visual analog scale (VAS). Physical examination was positive for tenderness of the lumbar paraspinal muscles. The treatment plan included refilling medications, request for MRI, laboratory evaluations, and return in 4 weeks. Disputed treatments include Norco, Parafon Forte and omeprazole. The medications listed are Norco, Parafon Forte, omeprazole and etodolac. The UDS was reported to be consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioid.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with other sedative medications. The records indicate that the patient was compliant with opioid treatment. There was documentation of consistent UDS reports and functional restoration with medications utilization. The patient did not report adverse medications effects or aberrant behavior. The criteria for the use of Norco 10/325mg #60 is medically necessary.

Parafon Forte 500mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedative medications. The records show that the patient had utilized muscle relaxants medications longer than the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing opioids concurrently. The criteria for the use of Parafon Forte 500mg #45 is not medically necessary.

Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications in the elderly and patients with a history of gastric disease. The records indicate

that the patient have a significant history of medication induced gastritis and dyspepsia. The utilization of omeprazole has been efficacious in preventing worsening of the gastrointestinal symptoms. The criteria for the use of omeprazole 20mg #30 is medically necessary.