

Case Number:	CM13-0022061		
Date Assigned:	03/19/2014	Date of Injury:	05/19/2004
Decision Date:	04/22/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/09/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient with date of injury on 5/19/2004. No mechanism of injury provided. Pt has diagnosis of bilateral wrist pain from wrist and hand tendinitis post bilateral carpal tunnel release; R shoulder pain from impingement post Bankhart shoulder repair, bicipital tendon release, subacromial decompression and distal clavicular resection; Depression (Industrially related); R sided neck pain from cervical strain with radiculopathy (Not considered industrial injury); headaches from neck pain; sleep disturbance from pain and hypertension (considered an industrial injury). Reported gastrointestinal upset from medications. Multiple medical reports reviewed from primary treating physician and consultants. Last report available until 7/26/13. Pt reports pain to bilateral wrist and hands, R shoulder, neck pains, headaches, gastrointestinal upset, depression and anxiety. Reported that pain medications allow her to have function. Without pain medications reportedly pain would be 10/10 and patient would be bed ridden. R shoulder pain is constant with more severe intermittent R neck pain radiating to head. Pain is baseline 4-5/10 and has been stable on medication and unchanged. Objective findings reveal a moderately depressed patient, slow gait with body tilted to forward. Cervical spine with positive Spurling's test, mild paracervical tenderness. Well healed scars to both wrists with mild tenderness. Negative Tinel and Phalen's test bilaterally. R shoulder with healed surgical scar, R proximal bicep bulge. Muscle spasms noted in upper thoracic spine area. Blood pressure reported to be around 162/93 on 7/26/13 while on vasotec and Inderal. The patient is currently on OxyContin, Norco, Prozac, Xanax, Prilosec, naproxen and Inderal. The utilization review is for prescription for Norco 10/325 #30 and Naproxen 550mg, Inderal 10mg and Prilosec 20mg. Last utilization review on 8/15/13 recommended modification of Norco to #24tabs, Inderal 10mg to #60tabs, Prilosec 20mg to #30tabs. It certified prescriptions for Oxycontin 40mg #60 and Vasotec 10mg #60 which are not part of this review. It recommended non certification of naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): s 76-78.

Decision rationale: Norco is Hydrocodone with acetaminophen. Hydrocodone is an opioid. As per MTUS Chronic pain guidelines, documentation supports the continued ongoing management and use of Percocet with appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt is stable on Norco with no noted worsening of symptoms and reported moderate control of pain on current regiment. Current treatment with Norco is medically appropriate.

NAPROXEN SODIUM 550 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Essential Hypertension. Ann Arbor (MI): University of Michigan Health System; 2003 Apr. 12

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): s 67-68.

Decision rationale: Naproxen is an NSAID (non-steroidal anti-inflammatory drug). As per MTUS Chronic Pain guidelines, NSAIDs are recommended in osteoarthritis. There is poor evidence that NSAIDs may help with other sources of pain such as neuropathic or low back pains. MTUS guidelines recommend short course of treatment due to potential side effects. Since patient has no documented osteoarthritis, has no significant documented improvement on NSAIDs and has signs of dyspepsia from chronic use of naproxen; the continued use of naproxen is not medically necessary.

INDERAL 10 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Hypertension Section

Decision rationale: There is no specific section in the MTUS or ACOEM guidelines that directly deal with this topic. Inderal is propranolol, a beta blocker medication used as an anti-arrhythmic and an anti-hypertensive. Patient's hypertension is considered an industrial injury. Patient is currently on vasotec (another anti-hypertensive) and on Inderal. As per ODG, vasotec is an appropriate first line medication and other medications may be considered for addition combination therapy if patient's blood pressure is not properly controlled on monotherapy. As per ODG, Beta blockers are 1st line 4th addition anti-hypertensive meaning there are 2 other anti-hypertensives that should be considered before the addition of a beta blocker. Patient had poorly controlled blood pressure that did not respond to addition of Inderal with last reported blood pressure at 160s/90s. Beta blockers have significant side effects and may worsen patient's underlying depression and decrease exercise tolerance. In addition, propranolol is a poor anti-hypertensive compared to other beta blockers. Other choices of anti-hypertensive such as calcium channel blockers or diuretics should be considered before beta-blockers. The continued use of Inderal is not medically appropriate.

PRILOSEC 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): s 68-69.

Decision rationale: Prilosec is a proton pump inhibitor used for the treatment of gastritis, acid reflux or dyspepsia. Pt is currently on naproxen daily and having symptoms of dyspepsia from the medication. As per MTUS guidelines, treatment for dyspepsia secondary to NSAIDs is a H2-blocker, PPI or change of NSAID. Since naproxen is not medically recommended, the underlying cause for patient's dyspepsia should resolve once naproxen is discontinued and PPI is no longer needed. Prilosec is not medically necessary.