

Case Number:	CM13-0028432		
Date Assigned:	11/27/2013	Date of Injury:	05/04/2010
Decision Date:	01/23/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

The claimant is a 52 year old female with a date of injury of 05/04/2010. Per the exam performed on 08/20/13, the patient's subjective complaints included neck pain, low back pain, right wrist and elbow pain. Objective findings included tightness, tenderness and spasm in the para cervical and paralumbar musculature, limited cervical spine range of motion and right elbow full range of motion with pain. Orthopedic testing was positive for nerve compromise in the low back, right wrist and right elbow. The provider stated that he is still awaiting authorization for physical therapy, shockwave therapy, an MRI of the right wrist and a smart glove. He also stated that the patient has exhausted conservative care to both hands and wrists. The provider has submitted a retrospective request for 100 Omeprazole DR 20mg and 60 Hydrocodone/APAP 10/325mg which were both dispensed on 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole DR 20mg #100 - DOS 8/20/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms and Cardiovascular disease Page(s): 68.

Decision rationale: The Physician Reviewer's decision rationale: Omeperazole is a proton-pump inhibitor (PPI) which can be used as a co-treatment of patients on NSAID therapy who are at risk of gastro-intestinal bleeding. CA-MTUS (Effective July 18 2009) Guidelines recommend to determine first the risk factors for gastrointestinal events and cardiovascular disease. When a patient is at a low risk for gastrointestinal event and cardiovascular disease, a full-dose naproxen is the preferred choice of NSAID medication. If and when naproxen is ineffective, the addition of aspirin and a PPI is an option. A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). According to medical records, the patient did not have a history of gastrointestinal issues, and additionally, the patient was not concurrently prescribed aspirin, corticosteroids, anticoagulants, or a high dose of NSAIDs that have caused an adverse reaction in the past. Medical record provided for review did not show that the claimant is taking any NSAID. Taking into consideration the above discussion, the retrospective request for Omeprazole DR 20mg #100 is not medically necessary.

Retrospective Hydrocodone/APAP 10/325mg #60 - DOS 8/20/2013: Upheld

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 Opioids Page(s): 76-77.

Decision rationale: The Physician Reviewer's decision rationale: CA-MTUS (July 18, 2009) Chronic Pain Medical Treatment Guidelines Norco (hydrocodone (is a semi-synthetic opioid which is considered the most potent oral opioid) and Acetaminophen) is Indicated for moderate to moderately severe pain however, page 76 through 77 MTUS stipulated specific criteria to follow before a trial of opioids for chronic pain management. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage chronic pain. These medications are generally classified according to potency and duration of dosage duration. Evidence-based guidelines recommend the use of opioid pain medications for the short-term treatment of moderate to severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. Besides results of studies of opioids for musculoskeletal conditions (as opposed to cancer pain) generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and do not support chronic use (MTUS page 82). According to the documentation provided it appears that the patient has been using Norco since as early as 09/20/2011. There is no evidence of outcome measures performed to show a decrease in pain and increase in daily activities or documentation stating that the patient still does not have adverse effects or aberrant behaviors. Furthermore, the patient reported an increase in pain on 05/21/13 and no change in symptoms on 06/18/13 while taking opioids, therefore the request for retrospective Hydrocodone/APAP 10/325mg #60 - DOS 8/20/2013 was not medically necessary.

