

<b>Case Number:</b>	CM13-0059062		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2009
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/29/2013

### 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 Physical Medicine & Rehabilitation 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:

The underlying date of injury in this case is 09/14/2009. The patient is status post arthroscopic surgery on 10/14/2011 for a right shoulder impingement syndrome. The patient also subsequently completed a functional restoration program which was successful in improving strength and endurance. On 10/10/2013, the patient was seen in followup pain management consultation. The patient continued to complain of neck pain with cervicogenic headaches as well as pain radiating into her right upper extremity. The patient declined to repeat a cervical epidural injection. The treating provider indicated the patient remained on her oral analgesic medications including Norco, which was taken only as needed, as well as Anaprox and Fexmid, which enabled her to function on a daily basis. The patient also reported gastrointestinal discomfort, with Prilosec twice daily. The patient reported that her pain medications allowed her to participate in self-directed physical therapy. The treating provider noted that the patient completed a functional restoration program which was helpful for her to improve her strength and endurance. The treating provider recommended continuation of Norco, Anaprox, Fexmid, Prilosec, and Dendracin topically

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #120 DISPENSED ON 10/10/2013:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI Symptoms Page(s): 68.

**Decision rationale:** The Medical Treatment Utilization Schedule states that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records in this case discuss that this patient has gastric upset, potentially from anti-inflammatory medications, and that this is helped with Prilosec. An initial physician reviewer agreed with the necessity for a proton pump inhibitor but indicated that the patient could utilize an over-the-counter proton pump inhibitor; the guidelines do not distinguish between over-the-counter versus prescription medications in terms of their necessity for utilization review purposes. The medical records and guidelines do support the request for Prilosec. This request is medically necessary.

**120 Fexmid 7.5MG #120MG DISPENSED ON 10/10/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The Medical Treatment Utilization Schedule, section on muscle relaxants, discusses Fexmid on page 64. This guideline indicates that Fexmid is indicated for a short course of therapy but not on a chronic basis. The medical records do not provide an alternate rationale to support this request for chronic use of Fexmid. This request is not medically necessary.

**ANAPROX DS 550MG #60 DISPENSED ON 10/10/2013:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines recommend anti-inflammatory medications as a first-line treatment for musculoskeletal pain. An initial physician review agrees with the necessity of anti-inflammatory treatment but suggests an over-the-counter medication could be used. The treatment guidelines do not distinguish between over-the-counter versus prescription medications for the purpose of determining medical necessity for utilization review. The request for Anaprox is supported by these guidelines. This request is medically necessary.

**NORCO 10/325MG #120 DISPENSED ON 10/10/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management; Opioids For Chronic Pain Page(s): 78,80.

**Decision rationale:** The Medical Treatment Utilization Schedule recommends detailed documentation of the four A's of opioid management to support an ongoing indication for opioids and benefit from this medication. The medical records in this case discuss functional improvement from opioids in a general sense but not in a specific verifiable or quantitative sense. Moreover, the Chronic Pain Medical Treatment Guidelines discuss opioids for chronic pain on page 80, noting that opioids are effective but limited in general to short-term pain relief up to 16 weeks. It is not clear that this patient overall is receiving functional benefit to support the need for continued opioid use. This request is not medically necessary.