

<b>Case Number:</b>	CM13-0059226		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 patient is a 40-year-old man with a medical history of anxiety who sustained a work-related injury on June 25, 2009 resulting in a laceration to his right hand. The laceration was significant and required surgical intervention and digital nerve repair. After surgery he developed reflex sympathetic dystrophy and received a spinal cord stimulator in 11/13. He continues to complain of muscular pain associated with the neck and right upper extremity. Extensive medical records are reviewed including progress notes from his primary care provider dated October 17, November 15, and December 20, 2013. His primary provider notes at the time of each visit that his pain is unchanged and his activity level is unchanged (no details regarding adls or quality of pain are noted). Physical exam is the same with each visit noting that the cervical spine has normal range of motion with tenderness to palpation over the paracervical muscles and trapezius with the Spurling's maneuver being negative. The right elbow is tender to palpation over the medial and lateral epicondyles. The right hand has normal range of motion and strength without pain with flexion and extension. Sensation is decreased over the hand and forearm. The plan of care includes use of topamax, trazadone, colace, lyrica, celebrex, dexilant, norco and zanaflex. Of note the patient had reported stomach upset and rectal bleeding with the use of ibuprofen but is now taking celebrex. The utilization review dated November 26, 2013 denied the use of dexilant DR 60mg #30 as not medically necessary and yielded a modified response regarding the use of norco 10/325mg #120 with a decreased number of pills for taper of the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325MG, 120 COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** Norco 10/325mg is a combination medication including hydrocodone and acetamenophen. It is a short-acting, pure opioid agonist used for intermittent or breakthrough pain. According to the Chronic Pain Medical Treatment Guidelines section of chronic pain regarding short-acting opioids, they should be used to improve pain and functioning. There are no trials of long-term use in patients with neuropathic pain and the long term efficacy when used for chronic back pain is unclear. Adverse effects of opioids include drug dependence. Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. In this case Norco is being used for chronic and ongoing pain. The documentation does not support that the patient is having appropriate pain relief or improvement in functional status by using this medications. Furthermore no documentation of a pain contract, periodic urine toxicology or assessment for medication dependence, abuse or side effects is present. The request for Norco 10/325 mg, 120 count, is not medically necessary or appropriate.

**DEXILANT DR 60MG, THIRTY COUNT, DISPENSED ON NOVEMBER 15, 2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

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

**Decision rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of celebrex or that they have any risk factors for gastrointestinal events. According to the Chronic Pain Medical Treatment Guidelines the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID (non-steroidal anti-inflammatory drug) and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI (gastrointestinal) bleeding or perforation, concurrent use of ASA (acetylsalicylic acid), corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. When he was using ibuprofen the patient experienced stomach upset and "rectal bleeding" that was not worked up. The patient is now using celebrex which is a COX II inhibitor which does not cause the same erosion of the stomach lining causing gastritis that ibuprofen does. There is no documentation of stomach upset while using celebrex. The request for Decilant DR 60 mg, thirty count, dispensed on November 15, 2013, is not medically necessary or appropriate.

