

Case Number:	CM13-0060604		
Date Assigned:	12/30/2013	Date of Injury:	08/04/2011
Decision Date:	04/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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:

This is a 51 year-old male who was injured on 8/4/2011. He has been diagnosed with cervical spine herniated nucleus pulposus (HNP); lumbar HNP; left shoulder rotator cuff tear and impingement syndrome (disputed); right shoulder rotator cuff tear (disputed) and history of peptic ulcer. According to the 10/28/13 orthopedic report from [REDACTED], the patient presents with 8/10 back pain and 5-6/10 shoulder and neck pain. On 11/8/13 UR recommended against use of Omeprazole and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 7.50/650mg #120 one tablet three times a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Opioids, long-term assessment, criteria for use of opioids Page(s): 88-89.

Decision rationale: According to the 10/28/13 orthopedic report from [REDACTED], the patient presents with 8/10 back pain (with medications) and 5-6/10 shoulder and neck pain. UR recommended weaning of Norco because there was no discussion of efficacy. The 11/25/13

report from [REDACTED] states that the medication helps alleviate the pain and improves his range of motion. MTUS criteria for longterm use of opioids states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The prior medical reports from [REDACTED] mention the pain levels with medications, but did not list the baseline pain level without medications, and did not discuss efficacy. Based on the 11/25/13 report, the Hydrocodone/APAP is reported to decrease the patient's pain and improve function/range of motion. MTUS for opioids states a: "Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient appears to have a satisfactory response. MTUS does not require weaning or discontinuation of medication that is providing a satisfactory response.

Omeprazole 20mg #60 one tablet twice a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (GI) Gastrointestinal symptoms & cardiovascular risk, Page(s): 68-69.

Decision rationale: According to the 10/28/13 orthopedic report from [REDACTED], the patient presents with 8/10 back pain and 5-6/10 shoulder and neck pain. He has history of peptic ulcer and meets MTUS criteria for being at risk for GI events. However, the patient is not reported to have GERD and is not taking any NSAIDs. The request does not appear to be in accordance with MTUS guidelines for use of a PPI for treatment of dyspepsia due to NSAIDs or on a prophylactic basis for possible GI issues resulting from use of NSAIDs..