

Case Number:	CM13-0069722		
Date Assigned:	06/20/2014	Date of Injury:	08/18/2003
Decision Date:	07/30/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/23/2013

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 injured worker is a 55-year-old female who reported an injury on 08/18/2002. The mechanism of injury was not provided for clinical review. This included cervical spine disc herniation at C4-5 neurological deficit C5-6, bilateral elbow lateral epicondylitis, bilateral wrist De Quervain's syndrome, left shoulder impingement syndrome, status post bilateral carpal tunnel release surgery, anxiety and depression. Previous treatments include MRI (magnetic resonance imaging), surgery, medication, ice, physical therapy, and epidural steroid injection. Within the clinical note dated 09/24/2013, it was reported the injured worker complained of continued pain in the neck. He reported the pain radiated over the shoulders and arm with numbness and tingling. On the physical examination of the cervical spine, the provider noted decreased range of motion. He indicated the injured worker had a positive Spurling's test bilaterally. The injured worker had spasms and tenderness of the cervical paraspinal muscles. The provider indicated the injured worker had decreased range of motion in the bilateral shoulders. The injured worker had a positive impingement test with tenderness of the rotator cuff bilaterally. The provider requested for Norco, and Prilosec. However, a rationale was not provided for clinical review. The request for authorization was submitted and dated 11/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 76-78, 78.

Decision rationale: The request for Norco #120 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. In this case, the injured worker complained of continued neck pain. She reported the pain radiated over her shoulders and arms with numbness and tingling. The injured worker had been utilizing the medication since at least 07/2012. The provider did not document an adequate and complete pain assessment within the documentation. There is lack of documentation indicating the medication had been providing objective functional improvement and benefit. The request submitted failed to provide the frequency of the medication. Therefore, the request for one (1) prescription of Norco #120 is non-certified.

Prospective request for one (1) prescription of Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: The request for Prilosec 20 mg is non-certified. The California MTUS Guidelines note proton pump inhibitors such as Prilosec are recommended for injured workers who are at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer disease, gastrointestinal bleeding or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking non-steroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. In this case, the injured worker complained of pain in her neck. She reported the pain radiated over the shoulders and arm with numbness and tingling. There is lack of documentation to indicate the injured worker had a history of peptic ulcer disease, gastrointestinal bleeding, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. The injured worker had been utilizing medications since at least 07/2012. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to the use of NSAID therapy. Therefore, the request for one (1) prescription of Prilosec 20mg is non-certified. worker had been utilizing the medication since at least 07/2012. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to the use of NSAID therapy. Therefore, the request for Prilosec 20 mg is non-certified.

