

Case Number:	CM14-0103497		
Date Assigned:	07/30/2014	Date of Injury:	07/25/2001
Decision Date:	10/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a female patient of unknown age with a 7/25/01 date of injury. The exact mechanism of injury was not noted. According to a progress report dated 5/9/14, the patient complained of persistent neck pain, pain in both shoulder, as well as the low back. She had intermittent muscle spasms, stiffness, tightness, and shooting pain down the arm with weakness. She does very little chores and had pain following any activities. Objective findings: tenderness along cervical paraspinal muscles bilaterally as well as rotator cuff and biceps tendon, limited shoulder ROM. Diagnostic impression: discogenic cervical and lumbar condition with a radicular component, carpal tunnel syndrome bilaterally, right shoulder impingement syndrome status post decompression. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 5/29/14 denied the requests for Naproxen, Prilosec, and Norco. Regarding Norco, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was prescribed and there would be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Naproxen, it is unknown what duration of time the patient has been on NSAIDS and it does not appear that there has been any derived benefit from prior use. Regarding Prilosec, the patient is not at intermediate risk for GI event and the request is not reasonable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80, 91, 121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There is no documentation of significant pain relief or functional gains from the patient's use of Naproxen. Guidelines do not support the continued use of NSAIDS in the absence of functional improvement. Therefore, the request for Naproxen 550mg, count 60 was not medically necessary.

Prilosec 20 mg, count 60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

Decision rationale: MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The request for the NSAID medication, Naproxen, was not approved. As a result, this request for prophylactic use cannot be substantiated. Therefore, the request for Prilosec 20mg, count 60 was not medically necessary.

Norco 10/325mg, count 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Norco 10/325mg, count 120 was not medically necessary.