

<b>Case Number:</b>	CM14-0010139		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	06/25/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Internal Medicine 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 52 year old female who sustained an injury on 05/01/13 while exiting a car. The injured worker indicated the seat belt was tangled around the right upper extremity for which she developed complaints of pain. Prior treatment has included the use of physical therapy. The injured worker has been prescribed multiple medications for pain. The injured worker was seen on 11/11/13 with complaints of persistent pain in the bilateral shoulders. The injured worker was noted to have positive impingement signs in the shoulders bilaterally. The injured worker was recommended to continue with physical therapy at this evaluation. Norco was continued at this visit. The injured worker was seen on 12/16/13 with continued complaints of pain in the bilateral shoulders. The injured worker also described radiating pain into the upper extremities. With medication, the injured worker's pain was reduced down to 2/10 on the Visual Analogue Scale (VAS) from 6/10. Physical examination did note positive impingement signs in the shoulders bilaterally with loss of range of motion. The injured worker was pending left shoulder arthroscopy as of this evaluation. The injured worker was continued on Norco 10/325mg as well as Prilosec 20mg. Follow up on 01/20/14 noted persistent complaints of pain in the bilateral shoulders as well as radiating pain, numbness, and tingling in the upper extremities. The injured worker was pending further electrodiagnostic studies at this visit. Norco and Prilosec were again continued at this visit. The requested Norco 10/325mg, quantity 60 and Prilosec 20mg, quantity 30 were denied by utilization review on 01/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10/325 MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

**Decision rationale:** Norco as a short acting narcotic can be considered appropriate in the treatment of moderate to severe musculoskeletal pain when clinical records do document evidence of efficacy and functional improvement. With Norco, the injured worker is noted to have had a substantial amount of pain relief or more than 50%. No indication of aberrant medication use was noted and the amount of Norco being taken was within Chronic Pain Medical Treatment Guideline recommendations. Given the pain improvement documented in the clinical record as well as functional benefit obtained with the use of this medication, the request for Norco 10/325mg #60 is medically necessary.

**PRILOSEC 20 MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; FDA Omeprazole

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** The clinical documentation did not indicate there was any substantial side effect with oral medication use such as gastritis or acid reflux. There was also no documentation regarding an ongoing gastroesophageal reflux condition that would have supported the use of a proton pump inhibitor. Based on Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors recommendations, the request for Prilosec 20mg #30 is not medically necessary.