

Case Number:	CM14-0015140		
Date Assigned:	02/28/2014	Date of Injury:	08/23/2009
Decision Date:	08/28/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/06/2014

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 Orthopedic Surgery, 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:

This 56-year-old female sustained an industrial injury on 8/23/09. The mechanism of injury was not documented for review. Past medical history was positive for insulin-dependent diabetes mellitus. The patient was status post left shoulder subacromial decompression and distal clavicle resection on 1/21/13. Records indicated that the patient had been prescribed Norco (hydrocodone/APAP) 10/325 mg since at least July 2013 for chronic moderately severe bilateral shoulder pain. There was documentation of decreased or alleviated pain, increased function in activities of daily living, and improved sleep relative to Norco use, prescribed at three per day. The patient was initiated on Prilosec (omeprazole) in August 2013 due to gastrointestinal issues relative to the use of Naprosyn with documented benefit. The treating diagnosis was status post left shoulder surgery, right shoulder bursitis/impingement, right shoulder acromioclavicular (AC) degenerative joint disease, right shoulder intramuscular lipoma, and bilateral shoulder capsulitis. The 11/27/13 treating physician report cited grade 7-8/10 pain causing limitations in self-care, cooking, and cleaning. Left shoulder exam documented 4+/5 global strength with limited range of motion. Right shoulder exam documented limited range of motion, positive impingement sign, positive AC joint palpation and cross arm testing, 4+/5 strength in adduction and flexion, and intact sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10/325 MG X 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, pain treatment agreement, Hydrocodone/acetaminophen Page(s): 76-80, 89, 91.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. A pain treatment agreement is recommended but not required according to the MTUS guidelines. Urine drug screens may be required and are specifically recommended with issues of abuse, addiction or poor pain control. Guideline criteria have been met for the long-term use of Norco. There is on-going documentation that the use of medications reduced or alleviated pain, increased functional ability in activities of daily living, and improved sleep. There are no issues of abuse, addiction or poor pain control reported. Guideline-required documentation is noted. Therefore, this request is medically necessary.

PRILOSEC 20MG 1-2 PO DAILY PRN X 60: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors (PPIs) for patients at risk for gastrointestinal events. Risk factors include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). PPIs are reported highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Guideline criteria have been met for use of this medication. Records indicate the patient has been diagnosed with gastrointestinal irritation secondary to medication use and has demonstrated benefit to the use of this medication. The 1/30/14 utilization review certified a request for omeprazole 20 mg #60, which is the generic version of this medication, and denied a request for Prilosec 20 mg #60 as duplicative. There is no compelling reason to support the medical necessity of two prescriptions of the same medication. Therefore, this request not medically necessary.

NORCO 10/325 MG 1 PO Q8HRS X 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A request for hydrocodone/APAP 10/325 mg #90 has been deemed medically necessary, which is the generic version of this medication. The 1/30/14 utilization review denied a request for Norco 10/325 mg, 1 every 8 hours, #90 as duplicative. There is no compelling reason to support the medical necessity of two prescriptions of the same medication. Therefore, this request is not medically necessary.