

<b>Case Number:</b>	CM14-0015142		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Occupational 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 claimant was injured on 08/23/09. Her medications are under review. She was diagnosed with a cervical spine injury. She saw [REDACTED] on 12/30/13. She had ongoing bilateral shoulder pain that was level 7-8/10. She had a well-healed left shoulder surgical site with mild weakness and mildly decreased range of motion. Range of motion of the right shoulder was also mildly limited and she had positive bursitis and impingement. X-rays in 2012 showed mild to moderate acromial joint DJD of both shoulders. Omeprazole and hydrocodone/APAP were recommended. On 10/09/13, she saw [REDACTED] and was status post left shoulder surgery on 01/21/13. Her pain was 8/10 without medication and 0/10 with medication. She was doing home exercises. She was utilizing Norco for pain and Prilosec for GI upset. She was also using Terocin patches to decrease her oral intake of medications. She had neck pain and pain down both arms which was burning and sharp with numbness and swelling in her hands. The medications were continued. She was also prescribed Lidoderm topical ointment and Terocin patches. On 12/30/13, she saw [REDACTED] and the medications were continued. They included hydrocodone and omeprazole. On 12/10/13, she saw [REDACTED] for ongoing neck and low back pain. She had some difficulty sleeping. Her neck and low back pain were 6-8/10 and she had bilateral upper extremity complaints of numbness in her hands and bilateral shoulder complaints. She had diminished sensation in several cervical dermatomes. She had mild weakness. She was to continue seeing [REDACTED] regarding her shoulders. Her medications helped to decrease her pain and allowed for increased level of function. The Norco was decreased and she was to continue to wean it. She was also to continue Senna and ketoprofen cream, tramadol, doxepin, and hydrocodone/APAP were recommended. She had been on the same medications in October 2013. There is no clear documentation of gastrointestinal complaints. She has been on the same medications for over a year.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg 1-2 po daily as needed times 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors Page(s): 102.

**Decision rationale:** The history and documentation do not objectively support the request for Prilosec. The MTUS state re: PPIs patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. In this case, there is no documentation of GI conditions or increased risk to the gastrointestinal tract to support the use of this medication. Continued use of any medication can only be recommended when clear benefit has been documented, including improved function for the treated person. The request for Prilosec 20 mg 1-2 po daily as needed x 60 is not medically necessary.

**Norco 10/325 mg 1 by mouth every 8 hours times 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain and Medications for Chronic Pain Page(s): 100, 94.

**Decision rationale:** The history and documentation do not objectively support the request for the opioid, Norco. The MTUS outlines several components of initiating and continuing opioid treatment and states a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen or nonsteroidal anti-inflammatory drugs. MTUS further explains, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There is also no indication that periodic monitoring of the claimant's pattern of use and a response to this medication, including assessment of pain relief and functional benefit, has been or will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be followed and documented per the guidelines. The claimant's pattern of use of Norco is unclear other than she takes it as needed. There is no

evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended and is being kept by the claimant and reviewed by the prescriber. In addition, in December 2013, a recommendation was made to decrease and wean this medication. The claimant's status relative to this medication is unclear, including whether or not it has been weaned or is being weaned. Under these circumstances, the medical necessity of the ongoing use of Norco has not been clearly demonstrated. Therefore, the request for Norco 10/325mg by mouth every 8 hours x 90 is not medically necessary.