

Case Number:	CM14-0019876		
Date Assigned:	04/28/2014	Date of Injury:	05/04/2004
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 Family Practice and is licensed to practice in Texas. 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 63-year-old male who reported an injury on 05/04/2004. The injured worker's treatment history included bilateral shoulder surgery followed by postoperative physical therapy, acupuncture, and multiple medications. The injured worker was evaluated on 12/24/2013. It was documented that the injured worker had continued pain of the left shoulder, and mild improvement of the right shoulder with postoperative physical therapy. It was documented that the injured worker's medications included Norco 10/325 mg and Prilosec 20 mg. The injured worker's diagnoses included status post right shoulder surgery, status post left shoulder surgery, and status post hernia repair. The injured worker's treatment plan included continuation of medications and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE/ACETAMINOPHEN Page(s): 91.

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

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been taking this medication for at least 6 months. The California Medical Treatment Utilization Schedule recommends continued use of opioids be supported by ongoing documentation of a quantitative assessment of pain relief, documented functional increases, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide a quantitative assessment of pain relief regarding medication usage. Additionally, there is no documentation of functional benefit or evidence that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. Also, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Norco 10/325 mg #60 with 1 refill is not medically necessary or appropriate.

PRILOSEC 20MG, #60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 67.

Decision rationale: The clinical documentation submitted for review does indicate that the injured worker has been on this medication for at least 6 months. The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants be supported by documented risk factors of gastrointestinal disturbances related to medication usage. The clinical documentation submitted for review does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at significant risk for development of gastrointestinal disturbances related to medication usage. As such, the requested Prilosec 20 mg #60 with 1 refill is not medically necessary or appropriate.