

Case Number:	CM14-0116513		
Date Assigned:	08/04/2014	Date of Injury:	02/03/2010
Decision Date:	10/02/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/24/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; topical agents; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; and the apparently imposition of permanent work restrictions. In a Utilization Review Report dated June 24, 2014, the claims administrator seemingly partially approved a request for Norco, partially approved a request for Docuprene, denied a request for LidoPro ointment, and denied a request for omeprazole. The applicant's attorney subsequently appealed. In a progress note dated May 15, 2014, the applicant reported persistent complaints of low back pain. It was acknowledged that the applicant was no longer working and last worked in 2010. The applicant's neck pain was rated at 7-8/10. The applicant was using Norco once or twice daily. The applicant was using Prilosec once daily and Desyrel once daily, it was stated. The applicant's usage of Desyrel improved the applicant's ability to sleep while Prilosec helped the applicant's stomach, it was stated. The applicant did have issues with night sweats and constipation. The attending provider posited that Norco was beneficial and was ameliorating the applicant's ability to sit and stand. Multiple medications were refilled. The applicant was already permanent and stationary, it was acknowledged. In an earlier note dated December 18, 2013, the applicant reported right upper extremity pain, admittedly rated at 7-9/10, exacerbated by activities such as gripping and grasping. The applicant was on Norco, Prilosec for GI upset, and Senna for constipation. The applicant then stated, in another section of the report, that Norco was beneficial in terms of diminishing the applicant's pain complaints. The applicant remained depressed, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioid Dosing Calculator Morphine Equ.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. While the attending provider has suggested that the applicant is deriving appropriate analgesia from ongoing Norco usage, the attending provider has failed to elaborate or establish the presence of any tangible or material improvements in function achieved as a result of the same. The applicant's reports of heightened ability to sit and stand appear to be marginal to negligible and are outweighed, in this case, by the applicant's failure to return to any form of work. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Docuprene 100mg #15: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section. Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is indicated in applicants using opioids. In this case, the applicant is using Norco, an opioid agent. Concomitant provision of Docuprene, a laxative agent, is indicated to combat any issues with opioid-induced constipation which might arise. Therefore, the request is medically necessary.

LidoPro Topical Ointment 4oz with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are deemed "largely experimental," and are primarily

recommended for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, there is no evidence that the applicant has failed oral anticonvulsants, oral antidepressants, and/or multiple other classes of first-line oral pharmaceuticals before the LidoPro topical ointment at issue was considered. Therefore, the request is not medically necessary.

Omeprazole 20mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioid Dosing Calculator Morphine Equ.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia. In this case, the documentation on file does seemingly suggest that the applicant is having issues with GI upset/dyspepsia, stand-alone. The attending provider has posited that ongoing usage of omeprazole has been successful in ameliorating the same. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.