

Case Number:	CM14-0151928		
Date Assigned:	09/22/2014	Date of Injury:	11/14/2011
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 62 year-old male with a date of injury of 11/14/2011. The patient's industrially related diagnoses include cervical spine strain, right shoulder full thickness rotator cuff tear status post repair, left shoulder strain, bilateral elbow strain, lumbar spine strain, and major depression disorder. Patient has completed 12 sessions of physical therapies and has 12 more sessions scheduled for right shoulder. The patient has undergone 24 sessions of chiropractic sessions for cervical spine. He is currently taking Norco, Prilosec and using Naproxen cream with limited functional improvement. The disputed issues are Norco 10mg twice daily for the quantity of 60, Prilosec 20mg once daily for the quantity of 30, and Naproxen cream twice daily for the amount of 240mg with one refill. A utilization review determination on 9/3/2014 had noncertified these requests. The utilization reviewer had recommended tapering Norco, and discontinuation of Prilosec and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for norco 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Section, Page(s): 76-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: DEA Schedule, effective 10/6/2014

Decision rationale: In the case of this injured worker, the request for Norco would require establishment of functional benefit from this medication. The progress notes do not demonstrate this. Furthermore, there is no indication that urine drug testing has been performed. Finally, new guidelines make it such that refills of hydrocodone are not recommended as the DEA rescheduled this medication to a class II controlled substance. Therefore the request as they with a refill is not appropriate.

1 prescription of prilosec 20mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI, Page(s): 68-69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. This request is not medically necessary.

1 prescription for naproxen 240mg with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines does have provisions for topical NSAIDs, but recommended restriction of use for a period of 4 to 12 weeks. In this injured worker, it is difficult to determine how long topical naproxen has been utilized. The most up-to-date progress note available for review is from September 2014, but does not indicate whether or not the patient is on this medication. Without detailed information about the prescription history of this medication, this request is not medically necessary.