

Case Number:	CM14-0020491		
Date Assigned:	04/30/2014	Date of Injury:	08/01/2008
Decision Date:	07/30/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/19/2014

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 [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, and depression reportedly associated with an industrial injury of August 1, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and psychotropic medications. In a utilization review report dated February 10, 2014, the claims administrator denied a request for both Vicodin and omeprazole. The claims administrator based its denial on reportedly sparse documentation on the part of the attending provider. The applicant's attorney subsequently appealed. In a utilization review report dated December 13, 2013, the applicant apparently presented with persistent left shoulder, neck, and low back pain. Positive signs of internal impingement were noted. The applicant was given a prescription for Vicodin for severe pain, #30, Cymbalta, and topical BenGay were endorsed. The applicant was reportedly permanent and stationary. The applicant was asked to use Vicodin as needed, in the event of moderate-to-severe pain. It is stated that the applicant had good days and bad days, often worsened with cold weather. In an earlier note of September 20, 2013, the applicant was described as status post recent eye surgery. The applicant had issues with shoulder pain, neck pain, depression, and gastritis. The applicant is using Cymbalta for depression and BenGay for topical analgesia purposes. It was stated that the applicant's review of systems was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN (HYDROCODONE APAP): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Discontinue Therapy Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Page(s): 91.

Decision rationale: As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, short acting opioids such as Vicodin are indicated in the treatment of moderate to moderately severe pain. In this case, the request in question was a first-time request for 30 tablets of Vicodin, to be used on an as-needed basis in the event of moderate-to-severe pain which was ineffectively controlled with BenGay alone. This was an appropriate usage of Vicodin, per page 91 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

PRILOSEC (OMEPRAZOLE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 68. Decision based on Non-MTUS Citation ODG (Pain Chapter); FDA (Prilosec).

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with dyspepsia, reflux, and/or heartburn on any recent progress note provided, either in the body of the report or in the review of systems section. Therefore, the request for omeprazole is not medically necessary.