

Case Number:	CM14-0037865		
Date Assigned:	06/25/2014	Date of Injury:	12/16/2010
Decision Date:	07/31/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 16, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; cervical MRI (magnetic resonance imaging) on December 16, 2011, notable for multilevel degenerative changes and spurring with varying degrees of foraminal stenosis; and extensive periods of time off of work. In a utilization review report dated February 10, 2014, the claims administrator partially certified a request for Norco with four refills as Norco with two refills, partially certified a request for Prilosec with four refills as Prilosec with two refills, partially certified a request for Motrin for four refills as Motrin with two refills, partially certified a request for Cymbalta with four refills to Cymbalta with two refills, and conditionally denied a request for a subacromial shoulder corticosteroid injection. The applicant's attorney subsequently appealed. In a January 9, 2014 progress note, the applicant presented with multifocal shoulder and low back pain. The applicant also had ongoing issues with headaches. The applicant stated that his pain levels were 8/10 with medications and 3-4/10 without medications. The applicant denied any aberrant drug behavior. Request for shoulder surgery was apparently earlier denied. The applicant was using Norco, Motrin, Cymbalta, Prilosec, it was stated. The applicant had slightly diminished shoulder range of motion. A shoulder corticosteroid injection was performed. Norco, Motrin, Prilosec, and Cymbalta were all refilled. The attending provider stated that Cymbalta was being used for chronic pain purposes and to diminish the applicant's headaches. In an earlier note of December 5, 2013, the applicant again presented with ongoing headaches, neck pain, low back pain, and traumatic brain injury issues. The applicant was again described as not working. The applicant was encouraged to remain active. A variety of medications were renewed. The applicant was given an unchanged, rather proscriptive limitation of no heavy lifting, which the applicant's

employer was apparently unable to accommodate. There was no mention of any issues with reflux, heartburn, and/or dyspepsia on either of this note or in the subsequent January 29, 2014 note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Norco (Watson brand) 10/325mg, with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco (R)); Opioids, long-term assessment; Criteria for use of Opioids.

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

Decision rationale: As noted in 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, however, the applicant seemingly meets only one of the three criteria, namely analgesia. While the applicant is reporting reductions in pain levels as a result of ongoing medication usage, including ongoing Norco usage, there have been no documented improvements in function achieved as a result of the same. The applicant is off of work. The applicant has rather proscriptive limitations which remain in place, unchanged, from visit to visit. It does not appear that the applicant has achieved either of the requisite improvements in function or successful return to work status as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Prospective request for one (1) prescription of Prilosec 20mg, with four refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDs, GI Symptoms, and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-9.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as Prilosec in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia, in this case, however, several progress notes provided make no mention of dyspepsia. In a comprehensive consultation report dated June 24, 2013, the applicant specifically denied any issues with gastritis, it was further noted. Therefore, the request for omeprazole is not medically necessary.

Prospective request for one (1) prescription of Motrin 800mg, with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen (Motrin (R)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti inflammatory Medications; 9792.20f Page(s): 7, 22.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Motrin do represent a traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain present here. This recommendation made by the MTUS Chronic Pain Medical Treatment Guidelines.. The MTUS and the ACOEM, both of which suggest that efficacy of medications should guide an attending provider's choice of recommendations. In this case, there is no clear discussion of medication efficacy incorporated into several recent progress notes provided. While the applicant has reported reductions in pain with ongoing ibuprofen usage, there have been no seeming improvements in function with the same. The applicant remains off of work. Rather proscriptive limitations remain in place. The applicant remains highly reliant and highly dependent on opioid agents such as Norco. It is further noted that the five-month supply of Motrin proposed here does not make any allowances or provisions for intermittent reevaluation of the applicant so as to ensure ongoing efficacy. Therefore, the request is not medically necessary.

Prospective request for one (1) prescription of Cymbalta 30mg, with four refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta (R)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine section ;9792.20f Page(s): 15.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, no high quality evidence is reported to support the usage of Cymbalta for lumbar radiculopathy, one of the issues reportedly present here. In this case, the applicant has already received Cymbalta, despite the tepid MTUS guidelines. There has been no ongoing demonstration of functional improvement with ongoing Cymbalta usage as defined by the parameters established in MTUS- Definition section. While the applicant has reported some diminution in pain as a result of this and other medications, there have been no corresponding improvements in function. The applicant remains off of work. The applicant's work status and work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioids. Therefore, the request for Cymbalta is not medically necessary.