

Case Number:	CM14-0038828		
Date Assigned:	06/27/2014	Date of Injury:	05/14/2009
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old male with a 5/14/09 date of injury. At the time (3/19/14) of request for authorization for Norco 10/325 mg #60 with two (2) refills, ibuprofen 600 mg #60 with two (2) refills, and omeprazole 20 mg #30 with two (2) refills, there is documentation of subjective (left shoulder pain, pain rated 4/10, patient feels depressed and anxious, associated joint stiffness) findings. The current diagnoses include disorder of shoulder, enthesopathy of shoulder region, degeneration of cervical intervertebral disc, fibromyositis, and psychalgia. The treatment to date includes physical therapy, psychotherapy, cortisone, injection, activity modification, exercises, and medications (including Norco and ibuprofen since at least 8/13. A 3/10/14 medical report identifies that the patient uses the very minimal of medication. Regarding the requested Norco 10/325 mg #60 with two (2) refills, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Regarding the requested ibuprofen 600 mg #60 with two (2) refills, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of ibuprofen use to date. Regarding the requested omeprazole 20 mg #30 with two (2) refills, there is no documentation of risk for gastrointestinal event.

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 two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids for chronic pain; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of disorder of shoulder, enthesopathy of shoulder region, degeneration of cervical intervertebral disc, fibromyositis, and psychalgia. In addition, there is documentation that the lowest possible dose is being prescribed. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325 mg #60, with two (2) refills is not medically necessary.

Ibuprofen 600mg #60, with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The Chronic Pain Medical Treatment Guidelines identify the documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of disorder of shoulder, enthesopathy of shoulder region, degeneration of cervical intervertebral disc, fibromyositis, and psychalgia. In addition,

there is documentation of chronic pain. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for ibuprofen 600 mg #60, with two (2) refills is not medically necessary.

Omeprazole 20mg #30, with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The Chronic Pain Medical Treatment Guidelines identify that the risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of aspirin (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). The Official Disability Guidelines identify the documentation of the risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of disorder of shoulder, enthesopathy of shoulder region, degeneration of cervical intervertebral disc, fibromyositis, and psychalgia. However, there is no documentation of risk for gastrointestinal event. Therefore, based on guidelines and a review of the evidence, the request for omeprazole 20mg #30, with two (2) refills is not medically necessary.