

<b>Case Number:</b>	CM14-0077761		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	03/05/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 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 58 year old male who had a work related injury on 03/05/2013. The mechanism of injury is not documented. He is diagnosed with cervical strain/sprain, cervical radiculopathy, lumbar radiculopathy, right shoulder impingement, status post right shoulder surgery, left shoulder impingement syndrome. The injured worker has been treated with physical therapy, acupuncture, psychological evaluation, neurostimulation therapy, medication management. Most recent documentation submitted for review is dated 05/13/14. He complains of constant moderate dull achy neck pain, stiffness and weakness, aggravated by looking up and looking down. There is increased pain and decreased range of motion. Lumbar spine exam notes that he complains of a moderate dull, achy, sharp low back pain with stiffness, associated with sitting, standing, walking and bending. Bilateral shoulder complaints of intermittent severe dull achy sharp right shoulder pain, associated with overhead reaching, injured worker has increased range of motion with therapy. Physical examination of cervical spine flexion 50 degrees, extension 10 degrees, left lateral bending 30 degrees, right lateral bending 30 degrees, bilateral rotation 80 degrees. There is tenderness to palpation and spasm of the cervical paravertebral muscles. Lumbar exam notes trigger points and paraspinal lesions at the lumbar spine. Flexion is 45 degrees, extension is 15 degrees, bilateral lateral bending is 20 degrees. There is tenderness to palpation and spasm of the lumbar paravertebral muscles. Kemp's is positive bilaterally. Sitting straight leg raising is positive bilaterally. Left shoulder revealed a healing surgical scar. Range of motion is decreased and painful. Prior utilization review on 05/14/14 was non-certified. In reviewing medical records, there is no documentation of VAS scores with and without medication. There is no documentation of functional improvement on the medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 10/325 mg #60:** Upheld

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

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

**Decision rationale:** Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate significant decrease in pain scores with the use of medications. Prior utilization review on 05/14/14 was non-certified. As such medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Naproxen 550 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's  
Page(s): 67-73.

**Decision rationale:** The request for Naproxen 550 mg #60 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation of functional improvement. Therefore this request is not medically necessary.

**Narcosoft 550 mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioid-induced constipation treatment.

**Decision rationale:** The request for Narcosoft 550 mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request. There is no

documentation of irritable bowel syndrome or infrequent bowel movements. Therefore this request is not medically necessary.

**Ompersazole 20 mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated treatment/Disability Duration Guidelines Pain (Chronic) Proton pump inhibitors (PPIs).

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication is not medically necessary.