

Case Number:	CM14-0078200		
Date Assigned:	07/18/2014	Date of Injury:	11/14/2003
Decision Date:	09/17/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	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 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 claimant is a 60-year-old right-handed female employed as a housekeeper who developed a repetitive use injury to right shoulder in Nov 2003 then an injury of left shoulder in Oct 2004 while lifting a heavy object and this later injury also associated with muscle spasms in her neck. She has had pain in both shoulders and in her neck since then. In 2006, psychiatric exam revealed associated depression had developed for which she was begun on counseling and antidepressant medications. Her last evaluation was on April 7, 2014 at which time her pain was 4/10 and her exam revealed slightly depressed mood and affect, mild tenderness right shoulder at acromioclavicular (AC) region and deltopectoral (DP) region along with decreased range of motion in right shoulder to all motion, moderate tenderness in left shoulder at AC and DP regions along with decreased range of motion in left shoulder to all motion. She had surgery on the right shoulder (July 29, 2005) after a magnetic resonance imaging (MRI) showed a full thickness tear of the supraspinatus tendon and a partial labral tear. A MRI in Jan 2005 reported left shoulder impingement, subacromial bursitis and partial labral tear but she initially refused surgery on this shoulder although she later agreed to surgery - this was never approved by her insurance and has not been performed. Cervical spine MRI in Jan 2005 showed C4-5 posterior disc protrusion with mild neural foramina compromise yet a follow on electrodiagnostic studies was negative for cervical radiculopathy. In 2012, MRI of left shoulder was again performed with basically the same results. By July 2010, repeated use of NSAIDs had caused upset stomach and she was begun on medications to control the stomach symptoms. Jan 2014 he provider noted that patient unable to take NSAIDs due to stomach symptoms - he recommended continue use of narcotics for pain control although he notes that this medication also causes stomach symptoms. Pain is documented at 8/10 but with narcotic use is 4/10. She was initially treated with chiropractic manipulation and NSAID medications and surgery to her right shoulder. Since then

multiple treatment modalities included medications (NSAIDs [ibuprofen], Effexor, Ultram, Zantac, Medrox ointment, Vicodin (one tab twice per day begun Oct 2010), omeprazole (begun Oct 2010), Depo-Medrol [injection into left shoulder] and Mirtazapine), Muscle stimulator and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Omeprazole 20 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System: Gastroesophageal reflux disease (GERD), Ann Arbor (MI): University of Michigan Health System, 2012, May, 12p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of NSAIDs but does not address its use to prevent or treat dyspepsia caused by long-term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since chronic opioid use in this patient is causing dyspepsia and the patient is safely taking chronic opioid preparations, it follows that use of Omeprazole in this patient is medically necessary.

1 prescription for Norco #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Washington, 2002; Colorado, 2002; Ontario, 2000; VA/DoD, 2003; Maddox-AAPM/APS, 1997; Wisconsin, 2004; Warfield, 2004; Benzon, 2005; Ashton, 2005; Kahan, 2006; Boothby, 2003; Heacock, 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Hydrocodone/Acetaminophen) Page(s): 74-96.

Decision rationale: Norco is a mixed medication made up of two agents, the opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction. The pain guidelines in the MTUS directly address this issue and have

a number of recommendations to identify when addiction develops and to prevent addiction from occurring. Although the care for this patient does not document all these recommended actions it does note the improvement in pain control with the use of opioid preparations. The records also has documented stability in dosing, in that the same dose of opioid the patient was started on in Oct 2010 is still in present use. Since the patient is not displaying signs of addiction, chronic use of opioids is medically necessary.