

Case Number:	CM14-0085735		
Date Assigned:	07/23/2014	Date of Injury:	01/30/2012
Decision Date:	09/08/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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: Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old female who reported an injury on 01/30/2012. The mechanism of injury is unknown. The injured worker had diagnoses of status post right shoulder arthroscopic surgery on 10/05/2013, mild nerve entrapment right elbow, lateral epicondylitis right elbow, herniated lumbar disc with radiculitis, herniated cervical disc with radiculitis, right shoulder tendonitis, impingement, and rotator cuff tear, and cervical spine chronic myofascial pain, post-traumatic hand syndrome and insomnia secondary to pain. Past treatments included medications, physical therapy, and home therapy. On 03/21/2014, the injured worker complained of pain in the low back and left shoulder. On examination the lumbar spine range of motion with flexion was at 50 degrees, extension at 20 degrees, lateral bending right at 20 degrees, and left at 20 degrees. There was tightness in the lumbar paraspinal musculature. Current medications were noted to include Naprosyn 500 mg twice per week, Hydrocodone 10/325 Mg 3 to 4 per week, Tramadol 300 Mg 2 To 3 times per week, Cyclobenzaprine 15 Mg 2 To 3 times per week, Flector Patch every other day, and Omeprazole 20 mg 2 to 3 per week. The request is for Norco 10/325 mg quantity 120, Ultram 150 mg quantity 60, and Prilosec 20 mg quantity 60. The Request for Authorization and rationale were not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco,Ongoing Management Page(s): 75, 78.

Decision rationale: The request for Norco 10/325 mg quantity 120 is not medically necessary. The injured worker has a history of back and shoulder pain. California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For Ongoing Management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The injured worker is reportedly receiving Norco for severe pain. There is a lack of documentation of the pain rating, frequency of pain. There is no side effect or functional improvement documented. There is a lack of documentation of urine drug screen being performed in accordance with the guideline recommendations. The frequency was not provided within the request. As such, the request is not medically necessary.

Ultram 150 mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management Page(s): 82, 93, 94, 113, 78.

Decision rationale: The request for Ultram 150 mg quantity 60 is not medically necessary. The injured worker has a history of low back and shoulder pain. California MTUS states Central analgesics drugs such as Tramadol (Ultram A) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. There is a lack of documentation as to the pain level, the frequency of pain, the improvement, or side effects. There is a lack of documentation regarding the frequency of the request. As such, the request is not medically necessary.

Priolsec 20 mg, Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 68-69.

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

Decision rationale: The request for Prilosec 20 mg quantity 60 is not medically necessary. The California MTUS Chronic Pain Guidelines state that Proton Pump Inhibitors may be recommended to treat dyspepsia secondary to Non-Steroidal Anti-Inflammatory Drugs (NSAID)

therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAID's medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The injured worker was noted to be taking an NSAID, but there is a lack of documentation showing increased risk for gastrointestinal problems or symptoms of dyspepsia. There was no frequency added within the request. As such, the request is not medically necessary.