

<b>Case Number:</b>	CM14-0096986		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	07/03/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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:

The injured worker is a 30 year old female who sustained an injury on 07/03/13. Mechanism of injury was not documented. The injured worker was followed for complaints of left shoulder pain. The injured worker was referred for physical therapy and given work restrictions. The injured worker was felt to have developed impingement syndrome in left shoulder. No surgical history was noted. The injured worker had been given multiple medications including Norco Naprosyn and Protonix. The injured worker was also being seen for chiropractic therapy. Clinical record from 04/21/14 noted continued improvement in the neck and left shoulder. Physical examination noted some slight loss of range of motion in the cervical spine. Positive impingement signs were noted in the left shoulder with no evidence of instability. There was tenderness to palpation over the anterior rotator cuff. Mild weakness at the rotator cuff was present and there was some loss of range of motion in the left shoulder. At this visit the injured worker was continued on tramadol 50mg Naprosyn 550mg and Protonix 20mg. Follow up on 05/21/14 noted no change to the symptoms. Physical examination findings were unchanged. At this visit medications were changed to Norco 2.5mg Orudis 75mg and Protonix 20mg. The injured worker was seen for follow up on 06/11/14. No change in physical examination findings or symptoms were noted. The injured worker received left shoulder injection at this visit. The requested Norco 2.5mg #60 chiropractic therapy two times a week for six weeks for the left shoulder and Protonix 20mg #30 were denied by utilization review on 06/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 2.5mg Qty 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, Criteria for Use Page(s): 88-89.

**Decision rationale:** The injured worker has been utilizing this medication over an extended period of time. Per current evidence based guidelines, the use of a short acting narcotic such as Norco can be considered an option in the treatment of moderate to severe musculoskeletal pain. The benefits obtained from short acting narcotics diminishes over time and guideline recommend that there be ongoing indications of functional benefit and pain reduction to support continuing use of this medication. Overall, there is insufficient evidence in the clinical literature that long term use of narcotic medications results in any functional improvement. The clinical documentation provided for review did not identify any particular functional improvement obtained with the ongoing use of Norco. No specific pain improvement was attributed to the use of this medication. The clinical documentation also did not include any compliance measures such as toxicology testing or long term opiate risk assessments (COMM/SOAPP) to determine risk stratification for this claimant. This would be indicated for Norco given the long term use of this medication. As there is insufficient evidence to support the ongoing use of Norco, this reviewer would not have recommended this request as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The request is not medically necessary and appropriate.

**Chiropractor 2 times a week for 6 weeks left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The injured worker had been seen via chiropractor in regards to neck and left shoulder pain. There are no chiropractic therapy reports available for review establishing ongoing functional benefits obtained with this therapy that would support its continued use over a home exercise program for the neck and left shoulder. There was stable findings on physical examination without evidence of any worsening in terms of range of motion or strength in the left shoulder or neck. Without updated given the lack of any updated goals expected from physical therapy expected with chiropractic therapy for the symptoms the request is not medically necessary and appropriate.

**Protonix 20mg Qty 30:** 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 (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor & based on the clinical documentation provided for review and current evidence based guideline recommendations, the request is not medically necessary and appropriate.