

Case Number:	CM14-0105277		
Date Assigned:	07/30/2014	Date of Injury:	12/16/2010
Decision Date:	07/02/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 40-year-old who has filed a claim for chronic low back pain, shoulder pain, and neck pain with derivative complaints of posttraumatic headaches, memory disturbance, and alleged traumatic brain injury reportedly associated with an industrial injury of December 16, 2010. In a Utilization Review report dated June 27, 2014, the claims administrator partially approved a request for Norco apparently for weaning or tapering purposes, while denying a request Prilosec outright. The claims administrator referenced a RFA form received on June 24, 2014 and a medical-legal evaluation of May 3, 2014 in its determination. The applicant attorney subsequently appealed. On August 12, 2014, the applicant reported ongoing complaints of neck pain radiating to the left arm. The applicant was using Norco, Motrin, Prilosec, it was reported. The attending provider stated that the applicant was using brand name Norco. Permanent work restrictions were renewed. It was not clearly stated whether applicant or was not working with said limitations in place, although this did not appear to be the case. Updated left upper extremity electrodiagnostic testing was sought, despite that the fact that the applicant had had earlier electrodiagnostic testing demonstrating C6 radiculopathy. The attending provider ultimately concluded that the applicant's pain complaints had gotten considerably worse over time. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. On September 9, 2014, the applicant was again described as using Norco, Motrin, and Prilosec. The attending provider posited that ongoing usage of Norco diminished the applicant's pain complaints by 50%. The applicant's permanent work restrictions were, however, renewed, seemingly resulting in the applicant's removal from the workplace. The attending provider stated that the applicant's functionality was likewise improved as a result of medication consumption but did not elaborate further. There was, once again, no explicit mention of the applicant's having current or former symptoms of

reflux, heartburn, and/or dyspepsia. On November 3, 2013, the applicant reported ongoing complaints of neck, low back pain, 9/10 without medications versus 5/10 with medications. The applicant was using Norco, Motrin, Cymbalta, and Prilosec, it was reported. Once again, there was no mention of the applicant having issues with reflux, heartburn, and/or dyspepsia, multiple medications were renewed. In a medical-legal evaluation dated May 3, 2014, it was acknowledged that the applicant was no longer working at age 39, was using receiving worker's compensation indemnity benefits and was in process of applying for Social Security Disability Insurance (SSDI). The applicant had also, at various points in time, received Employment Development (EDD) unemployment compensation benefits and/or State Disability Insurance (SDI) benefits, it was further reported. The medical-legal evaluation acknowledged that the applicant was still having difficulty performing activities of daily living as basic reaching, pushing, pulling, lifting, stooping and bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norco 10/325mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid hyperalgesia & Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the medical-legal evaluator reported on May 3, 2014 that the applicant was not working with permanent limitations in place. The applicant was receiving worker's compensation identify benefits, it was reported on that date, and was apparently in the process of pursuing Social Security Disability Insurance (SSDI) benefits, it was suggested. The applicant had also received unemployment compensation and State Disability Insurance (SDI) benefits at various points in time, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid. While the attending provider did recount some reported reduction in pain scores with ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to the work and the reports of the attending provider and medical-legal evaluator to the effect that the applicant was having difficulty performing activities of daily living as basic as lifting, carrying, pushing, pulling, bending, stooping, etc. Therefore, the request is not medically necessary.

Unknown prescription of Prilosec 20mg: 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): 69.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitor such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, multiple progress notes were referenced above, made no mention of the applicant's having issues with reflux, heartburn, and dyspepsia either NSAID-induced or stand-alone. It was not clearly stated for what issue, diagnosis, and random purpose Prilosec had been endorsed, nor was it established whether or not Prilosec had or had not proven effectual for whatever role it was being employed in. Therefore, the request is not medically necessary.