

Case Number:	CM14-0179445		
Date Assigned:	11/03/2014	Date of Injury:	02/05/2013
Decision Date:	03/20/2015	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/29/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46-year-old female sustained a work-related back injury on 2/5/2013. According to the progress notes dated 7/8/2014, the injured worker's (IW) diagnoses include rule-out left shoulder internal derangement, cervical sprain/strain with radiculopathy, lumbar sprain/strain with left lower extremity radiculopathy, thoracic spine muscle spasms, lateral epicondylitis and right flank contusion. She reports left shoulder pain which radiates down the arm and to the shoulder blade, low back pain with radiation to the left lower leg, left elbow, right shoulder, neck and bilateral knee pain. Previous treatments include medications, physical therapy, home exercise, surgery and aqua therapy. The treating provider retrospectively requests Omeprazole 20mg 1 tab bid, #60; Norco 10/325mg, #90 and Naproxen 560mg 1 tab bid, #60. The Utilization Review on 9/26/2014 non-certified the retrospective request for Omeprazole 20mg 1 tab bid, #60; Norco 10/325mg, #90 and Naproxen 560mg 1 tab bid, #60, citing CA MTUS Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg 1 tab BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

Retrospective Norco 10/325mg, #90: 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): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol (another opioid) in the past year. No one opioids is superior to another. The pain was persistent at 9/10 until September 2014 while along with the use of Naproxen. Recent pain scores were not noted. The continued use of Norco is not medically necessary.

Retrospective Naproxen 560mg 1 tab BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 9 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Pain and function was noted to have any significant improvement in the past year. Continued use of Naproxen is not medically necessary.