

Case Number:	CM14-0196256		
Date Assigned:	12/04/2014	Date of Injury:	02/25/2005
Decision Date:	01/20/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Colorado. 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 50-year-old male injured on February 25, 2005 where an object fell causing back and left shoulder injury. As of October 17, 2014 worker complained of low back pain and left shoulder pain. An MRI scan of the left shoulder noted degenerative changes of the acromioclavicular joint and avulsion/tear of the supraspinatus tendon. An MRI of the lumbar spine on October 13, 2014 was interpreted as including disc desiccation bulging at the L4-5 level with bilateral facet hypertrophy, and similar findings at the L5-S1 level. There were facet arthropathy findings at the L2-L4 level. Examination findings as of August 29, 2014 included bilateral shoulder, neck, low back pain, as well as right knee pain. There was decreased cervical range of motion and muscle spasm and tenderness. There was lumbar paraspinal muscle spasm and tenderness. Diagnoses included cervical strain, lumbar strain, bilateral shoulder impingement, bilateral elbow epicondylitis status post right knee sprain with meniscal tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Omerprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS states that omeprazole is used for patients at intermediate risk for gastrointestinal events and no cardiovascular disease during NSAID use and that long-term omeprazole use (> 1 year) has been shown to increase the risk of hip fracture. Omeprazole is used for treatment of dyspepsia secondary to NSAID therapy and to treat symptomatic Gastroesophageal Reflux Disease. In this case, the request for omeprazole is not listed for gastrointestinal symptoms and there are no documented symptoms of gastroesophageal reflux disease, gastritis, or dyspepsia secondary to NSAID therapy. In terms of prevention, the worker's risk profile appears to be low. According to the MTUS, those at risk for gastrointestinal events are as follows: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, the request for omeprazole is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-78, 88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments Page(s): 75, 77-78, 81-82.

Decision rationale: For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the treatment of chronic pain but should be limited for short-term pain relief. The long-term efficacy of opioids is currently unclear and appears to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document improvements in either pain or function attributable to the use of Norco. For chronic back pain, the MTUS suggests that opioids appear to be efficacious for the treatment of chronic pain but should be limited for short-term pain relief. The long-term efficacy of opioids is currently unclear and appears to be limited. A failure to respond to a time-limited course of an opiate should lead to a reassessment and consideration of alternative therapy. According to the MTUS, when prescribing opioids, baseline pain and functional assessments such as social, physical, psychological, daily and work activities should be made. The MTUS states that if there is no overall improvement in function from opioid use, the medication should be discontinued. The available records do not document an improvement in either pain or function attributable specifically to the use of Norco and therefore, Norco is not medically necessary.