

Case Number:	CM14-0198072		
Date Assigned:	12/08/2014	Date of Injury:	01/23/2012
Decision Date:	01/23/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

This is a 51 years old male patient who sustained an injury on 1/23/12. He sustained the injury due to involved in motor vehicle accident. The current diagnoses include cervical strain, lumbar strain and left shoulder strain. Per the doctor's note dated 10/22/2014, he had complaints of left shoulder pain, arm pain, low back pain, numbness in the left hand and wrist. The physical examination revealed mild limp, cervical spine- tenderness, range of motion- flexion: chin within one fingerbreadth of his chest, extension 40, rotation 60 degrees bilaterally, normal strength in bilateral upper extremities; diminished sensation in right lower extremity and left upper extremity; lumbar spine- tenderness with spasm, flexion 50, extension 40, bilateral lateral bending 20 degrees; left shoulder- tenderness, flexion 150, abduction 140, external rotation 60, internal rotation 60, adduction 20 and extension 20 degrees and 4+/5 strength. The medications list includes Motrin, Flexeril, Ultram, Norco and Prilosec. He has had x-rays of lumbar spine, cervical spine and left shoulder on 8/27/14. He has had lumbar spine MRI dated 3/12/12 which revealed mild degenerative disc disease at the L1-L2 and L5-S1 levels without evidence of significant resultant central canal stenosis or neural foraminal narrowing. Previous operative or procedure note related to the injury was not specified in the records provided. He has had physical therapy visits and injections for this injury. He has had urine drug screen on 10/24/13 which was inconsistent for Zolpidem.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg 1 PO BID PRN #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation (Online Edition); Chapter: Pain Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; patients at high risk for gastrointestinal events; treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anti-coagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify the duration of the NSAID therapy. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Prilosec 20mg 1 PO BID PRN #60 is not established for this patient at this time.

Norco 10/325mg 1 PO Q6 PRN #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain, Opioids, Criteria for Use (updated 12/31/14).

Decision rationale: Norco contains Hydrocodone and Acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended

by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg 1 PO Q6 PRN #90 is not established for this patient.