

Case Number:	CM15-0007639		
Date Assigned:	01/26/2015	Date of Injury:	04/22/2002
Decision Date:	03/13/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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 58 year old woman sustained an industrial injury on 4/22/2002. The mechanism of injury is not detailed. Current diagnoses includes right and left shoulder subacromial impingement syndrome as well as primary and post traumatic acromioclavicular joint arthritis associated with rotator cuff tendonitis status post surgery with persistent or recurring symptoms plus bilateral slap labrum tears. Treatment has included oral medications, lumbar facet blocks, lumbar medial branch blocks, surgical intervention, and physical therapy. Physician notes dated 12/23/2014 state that the worker is present for re-evaluation of her shoulders and her low back as well as a medication refill. The worker states that she continues to have trouble walking due to low back pain and continues to take the Norco and Motrin for pain relief as well as Prilosec for her stomach troubles. There is no further detail of her stomach troubles. However, the physician states that it has been over a year and therefore, he will re-submit the request for authorization again. The worker has been paying for these medications out of pocket as they have been denied. Recommendations include continuing the medications listed and sending another request for authorization for them. On 1/5/2015, Utilization Review evaluated prescriptions for Norco 7/5/325mg, Motrin 800mg, and Prilosec 20mg, that was submitted on 1/13/2015. The UR physician noted the following: regarding the Norco, no documentation of a maintained functional improvement has been identified. Further, this medication is being used long term and the documentation does not identify if this is being used to treat acute pain or an acute exacerbation of chronic pain. Regarding Motrin, this medication is being used long term and the documentation does not identify if this is being used to treat acute pain or an acute exacerbation

of chronic pain. Regarding Prilosec, there is no documented dyspepsia with the use of an NSAID, history of gastrointestinal bleed, or use of anticoagulants. The MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG: 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 Norco for over a year several months along with the use of an NSAID (Motrin). Pain relief attributed to Norco alone is not known. Pain scale score comparisons from the year's use is not mentioned in the notes. There is no indication of Tylenol failure. The continued use of Norco is not medically necessary.

Motrin 800 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Norco for over a year several months along with the use of an NSAID (Motrin). Pain relief attributed to Motrin alone is not known. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Motrin is not medically necessary.

Prilosec 20 MG (Unspecified Qty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec 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. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.