

Case Number:	CM15-0009942		
Date Assigned:	01/27/2015	Date of Injury:	05/30/2012
Decision Date:	03/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/16/2015

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: California
 Certification(s)/Specialty: Emergency 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 injured worker is a 49 year old male, who sustained an industrial injury on May 30, 2012. Mechanism of injury is described as from carrying a heavy box that slipped. He has reported left shoulder pain, right knee pain, and gastrointestinal upset secondary to medications. The diagnoses have included left shoulder strain, left shoulder impingement syndrome, left shoulder bicep tendonitis, and joint pain of the leg. Treatment to date has included medications, injections, physical therapy, home exercises, and shoulder surgeries. Patient had prior R knee injury post surgeries over 10 years prior. Medical records reviewed. Last report available until 12/11/14. Patient complains of bilateral shoulder pain and poor sleep. Patient has 8/10 pain improving to 6/10 with pain medications. Objective exam reveals patient is pain, antalgic gait. L shoulder has decreased range of motion(ROM) and pain. 4/5 knee flexor strength. Normal motor and sensory exam otherwise. No other details of shoulder or knees were documented. The treating physician requested prescriptions for Norco, Protonix, and Opana. Patient complains of more pain due to weaning off norco. Patient asking for more or increased in pain medications since it was not providing enough pain control. Imaging reports of shoulders and knees were reviewed. Recent urine drug screen was appropriate. Current medications include colace, ibuprofen, protonix, norco, opana and oxycontin. On December 26, 2014 Utilization Review certified the request for a prescription for Opana and non-certified the request for prescriptions for Norco and Protonix noting the lack of documentation to support the medical necessity of the medications. The MTUS chronic pain medical treatment guidelines were cited in the decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 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): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has reportedly continued severe pain even with current opioid therapy and does not want to continue weaning. Pt has appropriate documentation of adverse effect monitoring and aberrant behavior monitoring otherwise. Patient is currently on 105MED of opioids which is currently below the maximum recommended of 120MED. Weaning down of norco should continue as per MTUS guidelines since documentation does not show any benefit in pain control and function. Increasing number of tablets due to patient's discomfort is not appropriate. This prescription for Norco is not medically appropriate or necessary.

Protonix DR 20 mg # 60: 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 and cardiovascular risks Page(s): 68-69.

Decision rationale: Protonix is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. There is vague documentation of stomach upset from medications but is not clear if this is dyspepsia or nausea. Patient is on ibuprofen, Protonix is not medically necessary.

Opana ER 15 mg # 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: As per MTUS guidelines, weaning off opioids should be done gradually and one at a time to prevent withdrawals. Pt is currently being weaned from Norco. Opana should be continued as Norco is weaned. The requested treatment is medically necessary.