

Case Number:	CM15-0108961		
Date Assigned:	06/15/2015	Date of Injury:	11/04/2009
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/05/2015

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 40-year-old male, who sustained an industrial injury on 11/04/2009. On provider visit dated 05/15/2015 the injured worker has reported neck and back symptoms. On examination of the cervical spine was noted as tenderness at the bilateral paravertebral regions, right upper trapezius into the right shoulder was noted as well. Decreased range of motion of the cervical spine was noted as well. Lumbar spine was noted to have tenderness at the bilateral paravertebral areas and a decreased range of motion. The diagnoses have included sprain/strain shoulder/arm, carpal tunnel syndrome, brachial neuritis/radiculitis other, unspecified thoracic/lumb neuritis/radiculopathy, tarsal tunnel syndrome and sprain/strain of neck. Treatment to date has included medication Norco, Relafen, Promolaxin and Omeprazole. The provider requested Norco, Relafen, Promolaxin and Omeprazole date of service 05/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retrospective prescription of Norco #120 date of service 5/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested 1 Retrospective prescription of Norco #120 date of service 5/15/15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On- Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck and back symptoms. On examination of the cervical spine was noted as tenderness at the bilateral paravertebral regions, right upper trapezius into the right shoulder was noted as well. Decreased range of motion of the cervical spine was noted as well. Lumbar spine was noted to have tenderness at the bilateral paravertebral areas and a decreased range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 1 Retrospective prescription of Norco #120 date of service 5/15/15 is not medically necessary.

1 Retrospective prescription of Relafen date of service 5/15/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested 1 Retrospective prescription of Relafen date of service 5/15/15, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has neck and back symptoms. On examination of the cervical spine was noted as tenderness at the bilateral paravertebral regions, right upper trapezius into the right shoulder was noted as well. Decreased range of motion of the cervical spine was noted as well. Lumbar spine was noted to have tenderness at the bilateral paravertebral areas and a decreased range of motion. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, 1 Retrospective prescription of Relafen date of service 5/15/15 is not medically necessary.

1 Retrospective prescription of Omeprazole date of service 5/15/15: Upheld

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

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

Decision rationale: The requested 1 Retrospective prescription of Omeprazole date of service 5/15/15, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note, "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the

patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAIDs with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck and back symptoms. On examination of the cervical spine was noted as tenderness at the bilateral paravertebral regions, right upper trapezius into the right shoulder was noted as well. Decreased range of motion of the cervical spine was noted as well. Lumbar spine was noted to have tenderness at the bilateral paravertebral areas and a decreased range of motion. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, 1 Retrospective prescription of Omeprazole date of service 5/15/15 is not medically necessary.