

Case Number:	CM15-0130225		
Date Assigned:	07/16/2015	Date of Injury:	05/29/2012
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/06/2015

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: Physical Medicine & Rehabilitation

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 57-year-old male who sustained an industrial injury on May 29, 2012. He reports abdominal pain and has been diagnosed with abdominal pain unspecified site. Treatment has included medications, injections, massage therapy, medical imaging, surgery, physical therapy, and manipulative therapy. Objective findings note left groin pain and testicle pain. There was pain over both ileohypogastric nerve and ileo inguinal nerve distribution. He was thrown to the floor on his back. Since then the hernia began to grow and pain worsened. The treatment request included Prilosec and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-90, 80-81.

Decision rationale: The patient presents with severe cervical spine pain that radiates into the bilateral shoulders, right shoulder pain, and low back pain that radiates into bilateral hips. The request is for NORCO 10/325MG #90. The request for authorization is dated 05/11/15. The patient is status post right shoulder arthroscopic surgery, 05/2014. MRI of the cervical spine, 12/01/14, shows multilevel degenerative changes of the cervical spine with multilevel spinal canal and neural foraminal compromise. Patient's assessments include hypertension, gastritis, hemorrhoids and headaches. The patient underwent extensive conservative care to the right shoulder including but not limited to medications, physical and manipulative therapy, and injections and still was determined to have significant residual symptoms. The patient was referred to undergo ESWT by treating physician. Patient is to continue current meds. Patient's medications include Norco, Midrin, Zantac, Losartan, Diazepam, Naproxen and Sonata. Per progress report dated 05/08/15, the patient is returned to full duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 03/11/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is also not discussed, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No UDS, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Prilosec 20mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents with severe cervical spine pain that radiates into the bilateral shoulders, right shoulder pain, and low back pain that radiates into bilateral hips. The request is for PRILOSEC 20MG #120. The request for authorization is dated 05/11/15. The patient is status post right shoulder arthroscopic surgery, 05/2014. MRI of the cervical spine, 12/01/14, shows multilevel degenerative changes of the cervical spine with multilevel spinal canal and neural foraminal compromise. Patient's assessments include hypertension, gastritis, hemorrhoids and headaches. The patient underwent extensive conservative care to the right shoulder including but not limited to medications, physical and manipulative therapy, and injections and still was determined to have significant residual symptoms. The patient was referred to undergo ESWT by treating physician. Patient is to continue current meds. Patient's medications include Norco, Midrin, Zantac, Losartan, Diazepam, Naproxen and Sonata. Per progress report dated 05/08/15, the patient is returned to full duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65;

history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."Treater does not specifically discuss this medication. The patient's prescription history for Prilosec is not provided. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. And treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required my guidelines, the request IS NOT medically necessary.