

<b>Case Number:</b>	CM15-0131083		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	12/03/2005
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, North Carolina  
 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:

The injured worker is a 46-year-old female, who sustained an industrial injury on 12/3/2005. The mechanism of injury is unclear. The injured worker was diagnosed as having cervical discogenic disease, status post cervical fusion, chronic cervical spine sprain/strain, status post lumbar fusion, symptomatic hardware lumbar spine, lumbar discogenic disease, right knee internal derangement, right shoulder impingement syndrome with bursitis, intractable low back pain, right shoulder impingement, and right ankle medial tenderness. Treatment to date has included magnetic resonance imaging of the cervical spine (6/6/2012), medications, physical therapy, H-wave device, and home exercise program. The request is for Norco, and Prilosec. On 12/17/2014, she complained of severe back pain, severe leg pain, right knee pain, and her neck feeling tighter. She indicated her right leg and back was doing better, and that her back pain was decreased by 50%. Her treatment plan included: right shoulder magnetic resonance imaging, and magnetic resonance imaging of the neck and lumbar spine. On 6/10/2015, she complained of back, neck, and right knee pain. Her pulse is noted to be 120. Norco is noted to address her moderate to severe pain, and Prilosec for gastrointestinal issues secondary to other prescribed medications. She rated her pain level 10/10 without medications, and 4/10 with medications. She indicated with medications she can do laundry and go outside to spend time with her dog, and she does not fall as often. She reported her stomach feels less uncomfortable with the use of Prilosec. Her medications requested for authorization are: Norco and Prilosec. She remains temporarily very disabled. The records indicated she had been taking Norco since at least November 2010, possibly longer.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**Decision rationale:** CA MTUS Guidelines state that opioids may be considered for patients with moderate to severe neuropathic pain. Ongoing review of the documentation of pain relief, functional status, appropriate medication usage and side effects are required by guidelines. The lowest possible dose to improve pain relief and improve functioning should be prescribed. In this case, there is no documentation of pain relief, functional status, appropriate medication usage or side effects. There is also no clear documentation of functional benefit or improvement as evidenced by a reduction in work restrictions, an increase of activity tolerance and/or reduction of medication because of the use of Norco. Therefore, this request is not medically necessary or appropriate.

**Prilosec 20mg #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 (ODG), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI events Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (PPIs).

**Decision rationale:** MTUS Guidelines state that proton pump inhibitors (PPI) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk of GI events from NSAID use. PPI are useful in preventing gastric ulcers induced by NSAIDs. PPI are indicated for the treatment of gastric/duodenal ulcers, GERD, erosive esophagitis, or patients taking chronic NSAIDs. Within the documentation available for review, there is no indication that the patient has dyspepsia secondary to NSAID use, a risk for GI events, or one of the above conditions requiring treatment with a PPI. Therefore the request for Prilosec is not medically necessary or appropriate.