

Case Number:	CM15-0132053		
Date Assigned:	07/20/2015	Date of Injury:	10/03/2014
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Preventive Medicine, Occupational 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 51 year old female, who sustained an industrial injury on October 03, 2014. The injured worker reported a fall causing injury to the lumbar spine, right shoulder, right hip, right posterior thigh and calf, and right wrist. The injured worker was diagnosed as having low back strain with right lower extremity sciatica and low back strain with right lower extremity sacral one lumbar radiculitis. Treatment and diagnostic studies to date has included x-rays of the bilateral hips with pelvis, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the right hip, medication regimen, physical therapy, and use of heat. In a progress note dated May 28, 2015 the treating physician reports complaints of moderate pain to the right shoulder along with complaints of right hip pain, swelling, stiffness, and weakness. The injured worker also had complaints of right posterior thigh and calf pain with numbness and paresthesias. Examination revealed a mildly antalgic gait, decreased range of motion to the lumbar spine with pain, and positive Fabere testing bilaterally. The treating physician did not indicate any gastrointestinal symptoms. The injured worker's medication regimen included Motrin and Tylenol #3. The injured worker's pain level to the right shoulder was rated a 4 on a scale of 1 to 10 and the injured worker's pain level to the right hip was rated a 5 to 8 out of 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested the

medications of Norco 10-325mg with a quantity of 90 for a 30 day supply with no refills, Omeprazole 20mg with a quantity of 90 for a 30 day supply with no refills, and Medrol Dose pack with a quantity 21 for a 21 day supply with no refills, but the documentation provided did not indicate the specific reason for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 for a 30 day supply with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 for a 30 day supply with no refills is determined to not be medically necessary.

Omeprazole 20mg #90 for a 30 day supply with no refills: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20mg #90 for a 30 day supply with no refills is determined to not be medically necessary.

Medrol Dosepack #21 for a 21 day supply with no refills: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Oral corticosteroids Section.

Decision rationale: The MTUS Guidelines do not address the use of oral corticosteroids for the use of chronic pain. The ODG does not recommend the use of oral corticosteroids for chronic pain, except for polymyalgia rheumatica (PMR). There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Oral corticosteroids are recommended in limited circumstances for acute low back radicular pain. Multiple severe adverse effects have been associated with systemic steroid use, and this is more likely to occur after long-term use. Medrol (methylprednisolone) tablets are not approved for pain. Glucocorticoids at low doses (15-20 mg prednisone per day initially) are the mainstay of treatment for polymyalgia rheumatica (PMR). In this case, the injured worker has chronic pain. Medrol Doespack is not recommended for chronic pain, therefore, the request for Medrol Dosepack #21 for a 21 day supply with no refills is determined to not be medically necessary.