

Case Number:	CM15-0141627		
Date Assigned:	07/31/2015	Date of Injury:	06/18/2014
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/21/2015

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 55 year old female who sustained a work related injury June 18, 2014. According to a primary treating physician's progress report, dated May 27, 2015, the injured worker presented for follow-up with continued right sided neck pain to the shoulder, elbow and hand, rated 6 out of 10. Examination of the cervical spine noted tenderness to palpation posterior C2-C7. Cervical compression and Spurling's test are negative. Examination of the right shoulder revealed anterior tenderness and decreased range of motion. There is mild tenderness over the lateral and medial epicondyle and cubital tunnel testing is positive. There is full and painless range of motion of the right elbow with 0-150 degrees of flexion, full extension and full pronation and supination. Tinel's sign is negative medially in the elbow with no sign of ulnar nerve irritation. She is wearing a right wrist support. There is decreased range of motion in the right wrist with tenderness and evidence of carpal tunnel syndrome. Her gait pattern is normal and heel to toe ambulation causes no increase in back pain. Straight leg raise from the supine position is negative at 90 degrees bilaterally. Diagnoses are right shoulder sprain; right elbow sprain; right wrist sprain; cervical strain; cervical degenerative joint disease. Treatment plan included; urine drug screen performed, awaiting authorization for acupuncture and physical therapy, counseling for weight reduction, healthy diet, and joining a gym on a regular basis. At issue, is a request for authorization for Fenoprofen, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. He has been taking Fenoprofen since at least January, 2015. The request for Fenoprofen 400mg 1 PO BID #60 is determined to not be medically necessary.

Norco 10/325mg 1PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91.

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 since at least January 2015, 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 1PO BID #60 is determined to not be medically necessary.

Prilosec 20mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

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 Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. This medication has been prescribed since at least January, 2015 to reduce the risk for gastrointestinal upset and irritation with the use of Fenoprofen. 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 Prilosec when using NSAIDs. Additionally, the request for Fenoprofen is not supported. The request for Prilosec 20mg 1 PO BID #60 is determined to not be medically necessary.