

Case Number:	CM15-0147321		
Date Assigned:	08/10/2015	Date of Injury:	01/05/2011
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/28/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 59 year old male who sustained an industrial injury on January 5, 2011, resulting in right shoulder pain. He was diagnosed with a longitudinal labral tear; paralabral ganglion; supraspinatus tendinosis with 2 mm tear; infraspinatus tendinosis with interstitial tear, and mild AC arthrosis. Recent MRI of the cervical spine on April 20, 2015, found multiple levels of disc protrusion, foraminal stenosis, and canal stenosis. Documented treatment has included rotator cuff repair and decompression, physical therapy, epidural steroid injection, home exercise, and medication, but all have failed to provide significant symptom reduction. The injured worker continues to report neck and right shoulder pain. The treating physician's plan of care includes Prilosec 20 mg, and Norco 10-325 mg. He currently works with restrictions. On 16 July 2015, Utilization Review non-certified the requests for Prilosec 20 mg #30 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: 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), Proton pump inhibitors.

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

Decision rationale: According to the cited MTUS guidelines, a proton pump inhibitor (PPI), such as Prilosec 20 mg, would be indicated in those started on a NSAID with an intermediate risk for gastrointestinal (GI) events and no cardiovascular disease. According to the most recent treating physician notes, the injured worker is on a NSAID (nabumetone), but he does not meet any of the criteria for being at risk for an intermediate GI event. Therefore, the request for Prilosec 20 mg #30 is not medically necessary and appropriate.

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/APAP, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-83.

Decision rationale: The cited MTUS guidelines recommend short acting opioids, such as Norco, for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 A's, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's recent records included documentation of first-line pain medication (Neurontin), pain with (6/10) and without 9/10) medication, no significant adverse effects, pain contract on file, history of urine drug testing, subjective functional improvement, and performance of necessary activities of daily living. Of primary importance is an appropriate time frame for follow-up to reassess the 4 A's, which has included monthly intervals. The treating physician's note from July 2, 2015, indicated that the injured worker has continued to work with restricted duty status and has had improved pain relief from Norco, which is an indication that opioids may be continued, since pain and function have improved. Weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the available medical information, Norco 10/325 mg #90 is medically necessary and appropriate for ongoing pain management.