

Case Number:	CM15-0161615		
Date Assigned:	08/27/2015	Date of Injury:	06/08/2012
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on 6-8-12. The diagnoses have included right shoulder strain, tendinopathy, and partial rotator cuff tear, lumbosacral strain and stenosis, gait dysfunction related to right lower extremity (RLE) weakness, anxiety, gastrointestinal upset with medications, hypertension and status post open reduction internal fixation (ORIF) left ankle and open reduction internal fixation (ORIF) left distal fibula. Treatment to date has included medications, chiropractic, physical therapy, acupuncture, lumbar epidural steroid injection (ESI), diagnostics and shoulder injections. Currently, as per the physician progress note dated 7-8-15, the injured worker complains of lumbar spine pain rated 6-9 out of 10 on the pain scale with walking. There are also complaints of radicular symptoms to the right lower extremity (RLE) and calf. There is also right shoulder pain rated 6-7 out of 10 on the pain scale with use of the right shoulder. There is also left ankle pain rated 3 out of 10 on pain scale with standing and walking. There have been no changes in functional status since the last visit. There are no other physical findings noted. The urine drug screen reports dated 2-2-15 and 5-27-15 were inconsistent with medication prescribed. Work status is temporary totally disabled. The physician requested treatment included Prilosec 20mg QD #30 with 1 refill and Norco 5-325mg BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QD #30 with 1 refill: 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 PPI Page(s): 68.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Norco 5/325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. Prior urine screens were inconsistent with Hydrocodone provided. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.