

Case Number:	CM15-0164660		
Date Assigned:	09/02/2015	Date of Injury:	01/03/2005
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55-year-old female who sustained an industrial injury on 01-03-2005. Diagnoses include cervical stenosis. Treatment to date has included medication and activity modification. According to the progress notes dated 7-17-2015, the IW (injured worker) reported chronic pain at the base of the neck and upper back toward the lower back regions. On examination, cervical spine range of motion (ROM) was guarded and moderately painful at the extremes of motion. Motor examination was normal in all major muscle groups in the upper extremities and there were no sensory deficits. Reflexes in the upper extremities were 0 - 1+ without pathologic reflexes. ROM was full and painless in all major upper extremity joints. The provider noted the IW's VAS pain score was 82 (severe) without medications and 26 (moderate) without them. The pain relief lasted for a minimum of up to six hours and improved the IW's quality of life. A request was made for Naproxen EC 500mg, #120, per 06/17/15 order; Omeprazole 20mg, #120, per 06/17/15 order and Hydrocodone-acetaminophen 10-325mg, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen EC 500 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68 and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List & Adverse Effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for chronic neck, upper back, and low back pain. Medications are referenced as decreasing pain from 8.2/10 to 2.6/10. When seen, there was decreased and guarded cervical spine range of motion with pain. There was a normal neurological examination. Medications were refilled including hydrocodone/acetaminophen at a total MED (morphine equivalent dose) of 20 mg per day. Naproxen EC was being prescribed at a dose of 500 mg two times per day. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.

Hydrocodone/ACET 10/325 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78 and 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, page 8, (2) Opioids, criteria for use, page 76-80 (3) Opioids, Dosing, page 86.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for chronic neck, upper back, and low back pain. Medications are referenced as decreasing pain from 8.2/10 to 2.6/10. When seen, there was decreased and guarded cervical spine range of motion with pain. There was a normal neurological examination. Medications were refilled including hydrocodone/acetaminophen at a total MED (morphine equivalent dose) of 20 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone/acetaminophen is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain. The total MED is less than 120 mg per day consistent with guideline recommendations. The request is medically necessary.

Omeprazole 20 mg #120: 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, Specific Drug List & Adverse Effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in January 2005 and continues to be treated for chronic neck, upper back, and low back pain. Medications are referenced as decreasing pain from 8.2/10 to 2.6/10. When seen, there was decreased and guarded cervical spine range of motion with pain. There was a normal neurological examination. Medications were refilled including hydrocodone/acetaminophen at a total MED (morphine equivalent dose) of 20 mg per day. Naproxen was being prescribed at a dose of 500 mg two times per day. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not medically necessary.