

Case Number:	CM15-0164982		
Date Assigned:	09/02/2015	Date of Injury:	10/17/2002
Decision Date:	10/19/2015	UR Denial Date:	07/23/2015
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: Arizona, Michigan

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 10-17-02. The injured worker was diagnosed as having myalgia and myositis not otherwise specified, thoracic or thoracolumbar disc degeneration, sprains and strains of neck, sprains and strains of thoracic region. Currently, the injured worker reported pain in the neck, back and left shoulder. Previous treatments included oral pain medication, non-steroidal anti-inflammatory drugs, proton pump inhibitor, topical patch, physical therapy, psychological evaluation, injection therapy, massage, acupuncture treatment and transcutaneous electrical nerve stimulation unit. Work status was noted as working full time without restrictions. The injured workers pain level was noted as 7 out of 10 with provider documentation noting the pain level "has remained unchanged since last visit". Physical examination was notable for cervical spine with tenderness and tight muscle back bilaterally, lumbar spine with restricted range of motion, tenderness to the spinous process at L3, L4, L5 and over the sacroiliac spine, shoulders with full range of motion and no evidence of impingement or rotator cuff pathology. The plan of care was for Hydrocodone-Acetaminophen 10-325 milligrams quantity of 120, Omeprazole delayed-release 20 milligrams quantity of 60, Senna laxative 8.6 milligrams quantity of 100, Gabapentin 600 milligrams quantity of 90 and Naproxen Sodium 550 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for Hydrocodone-Acetaminophen 10-325 milligrams quantity of 120. Currently, the injured worker reported pain in the neck, back and left shoulder. CA MTUS guidelines state "The lowest possible dose should be prescribed to improve pain and function. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. The injured worker is reported to be benefiting from her treatment regimen which includes hydrocodone, her pain is adequately managed and quality of sleep is normal. The continued use appears appropriate. As such, the request for Hydrocodone-Acetaminophen 10-325 milligrams quantity of 120 is medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guide/ Proton Pump Inhibitor, Pain (Chronic) Chapter.

Decision rationale: The request is for Omeprazole delayed-release 20 milligrams quantity of 60. Currently, the injured worker reported pain in the neck, back and left shoulder. CA MTUS recommendations state that long-term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." Provider documentation is without mention of gastrointestinal events, upon physical examination there was no documentation of gastrointestinal events, or indication for the prescribing of Omeprazole delayed-release 20 milligrams quantity of 60. As such, the request for Omeprazole delayed-release 20 milligrams quantity of 60 is medically unnecessary.

Senna laxative 8.6mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The request is for Senna laxative 8.6 milligrams quantity of 100. Currently, the injured worker reported pain in the neck, back and left shoulder. CA MTUS recommendations state that Prophylactic treatment of constipation should be initiated when starting treatment with opioids. The request for Senna laxative 8.6 milligrams quantity of 100 is medically necessary.

Gabapentin 600mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-epilepsy drugs (AEDs).

Decision rationale: The request is for Gabapentin 600 milligrams quantity of 90. Currently, the injured worker reported pain in the neck, back and left shoulder. CA MTUS recommendations state that Gabapentin is effective in treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The injured worker is reported to be benefiting from her treatment regimen which includes gabapentin, her pain is adequately managed and quality of sleep is normal. The continued use appears appropriate. As such, the request for Gabapentin 600 milligrams quantity of 90 is medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The request is for Naproxen Sodium 550 milligrams quantity of 60. Currently, the injured worker reported pain in the neck, back and left shoulder. CA MTUS recommends the lowest dose non-steroidal anti-inflammatory drugs (NSAIDs) for the shortest period in patients with moderate to severe pain. The injured worker is reported to be benefiting from her treatment regimen which includes Naproxen, her pain is adequately managed and quality of sleep is normal. The continued use appears appropriate. As such, the request for Naproxen Sodium 550 milligrams quantity of 60 is medically necessary.