

Case Number:	CM15-0192739		
Date Assigned:	10/06/2015	Date of Injury:	03/26/2013
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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 34 year old man sustained an industrial injury on 3-26-2013. Treatment has included Norco and Celebrex and surgical intervention. Physician notes dated 8-31-2015 show complaints of left shoulder pain and stomach upset. The worker states his pain is rated 6-7 out of 10 without medications and 4 out of 10 with medications. The physical examination shows a flat affect, pain in the left shoulder and mid back. Recommendations include Norco, Celebrex, start Prilosec, psychotherapy, gastrointestinal evaluation, a follow up in one month. Utilization Review denied a request for Norco on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, three times a day #90 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in March 2013 when he was struck on the left shoulder by a scaffolding frame and is being treated for chronic left shoulder pain. He underwent arthroscopic surgery in September 2013. When seen in August 2015 Norco and Celebrex were being prescribed. He had left shoulder and mid back pain. He was having stomach upset related to medications. Physical examination findings included a flat affect. Norco is referenced as decreasing pain from 6-7/10 to 4/10 and allowing for a longer activity tolerance. Prilosec was prescribed. A GI evaluation was requested and the report references dyspepsia after taking ibuprofen for prolonged periods. 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. Norco (hydrocodone/acetaminophen) is a short acting combination opioid 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 what is considered a clinically significant decrease in pain with improved activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Prilosec 20mg daily #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The claimant sustained a work injury in March 2013 when he was struck on the left shoulder by a scaffolding frame and is being treated for chronic left shoulder pain. He underwent arthroscopic surgery in September 2013. When seen in August 2015 Norco and Celebrex were being prescribed. He had left shoulder and mid back pain. He was having stomach upset related to medications. Physical examination findings included a flat affect. Norco is referenced as decreasing pain from 6-7/10 to 4/10 and allowing for a longer activity tolerance. Prilosec was prescribed. A GI evaluation was requested and the report references dyspepsia after taking ibuprofen for prolonged periods. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. In this case, there is a history of dyspepsia due to NSAID use and guidelines recommend prescribing a selective COX-2 medication such as Celebrex (celecoxib). Prescribing a proton pump inhibitor such as Prilosec (omeprazole) in addition to a selective medication would be considered if there was a high risk for a gastrointestinal event. In this case, there is no history of peptic ulcer, gastrointestinal, bleeding or perforation or use of high dose NSAID medication. Prescribing Prilosec is not medically necessary.