

<b>Case Number:</b>	CM15-0193576		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 52 year old male who sustained an industrial injury on 06/08/2011. Medical records indicated the worker was treated for neck pain. In the provider notes of 08/14/2015 the injured worker complains of pain and discomfort on his cervical spine region. Activities of daily living increase his pain. Chiropractic care and regular care helps him manage his pain. He has not been receiving chiropractic care. On examination of the cervical spine, he has forward flexion of 45 degrees, extension of 50 degrees, right and left rotation of 65 degrees each, lateral bending 30 degrees both left and right. Foraminal compression test is positive, Spurlings test is positive. There is tightness and spasm in the trapezius, sternocleidomastoid, and straps muscle right and left. Diagnostic impressions include cervical disc herniation with radiculopathy, left shoulder tendonitis, impingement syndrome, left wrist sprain-strain, lumbar spine radiculitis and thoracic spine radiculitis. The worker has also had cervical epidural steroid injection (04-2014) for pain relief with greater than 75% reduction of pain. The plan of treatment is to request chiropractic care once weekly for six weeks, refills of Norco (since at least 06-05-2014), for pain, Prilosec secondary to NSAID intake, and DNA tests to ascertain medications interaction and absorption. There is no indication in the note of 08-14-2015 of frequency or intensity of the pain with and without Norco and how quickly the Norco relieves his pain or how long the Norco dosage lasts. There is also no record of NSAID use other than the acetaminophen in Norco. There is no documentation of gastrointestinal issues with his pain medication. A request for authorization was submitted 08-14-2015 for Prilosec 20 mg #30 with 2 refills, Norco 10/325 mg #90, and DNA/genomic testing. A utilization review decision

09/28/2015 non-certified the Prilosec, and non-certified the DNA/Genome testing, and modified the request for Norco to Norco 10/325 mg #60 for weaning.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prilosec 20 mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, regarding Proton pump inhibitors (PPIs).

**Decision rationale:** The CA MTUS does not address proton pump inhibitors such as Nexium and Protonix. According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), "Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec)." In this particular case, there is insufficient evidence in the records from 8/14/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore, the request for Nexium is not medically necessary and non-certified.

**Norco 10/325 mg #90:** Upheld

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

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

**Decision rationale:** According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/14/15. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

**DNA/genomic testing:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) section, genetic testing.

**Decision rationale:** CA MTUS/ACOEM is silent on issue of urinalysis and DNA collection. Per the ODG, Pain (Chronic) section, genetic testing for potential opioid abuse is not recommended. Guidelines report that these tests are experimental and studies are inconsistent with inadequate statistics and large phenotype range. As guidelines above do not recommend genetic testing for opioid abuse the determination is for non-certification. Therefore, the requested treatment is not medically necessary.