

<b>Case Number:</b>	CM15-0200565		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/16/1998
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Texas, New York, California  
 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 applicant is a represented 55-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of November 16, 1998. In a Utilization Review report dated September 27, 2015, the claims administrator failed to approve requests for Norco and Neurontin. The claims administrator referenced an RFA form received on September 25, 2015 and an associated progress note dated September 10, 2015 in its determination. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing complaints of neck pain. The applicant had not returned to work since the date of injury, the treating provider acknowledged. The applicant had multiple pain generators including the neck, upper back, right shoulder, and right arm, the treating provider reported. The applicant had received multiple treatments over the course of the claim, including a variety of analgesic and adjuvant medications, physical therapy, manipulative therapy, epidural steroid injection therapy, massage therapy, cognitive behavioral therapy, the treating provider acknowledged. 5/10 pain complaints were reported. The applicant's pain complaints were frequent and present 75% of the time, the treating provider reported. The impact of the applicant's pain was "severe," the treating provider acknowledged. The applicant reported difficulty performing activities of daily living as basic as bathing, dressing, grooming, and childcare. The applicant reported loss of social activity, secondary to pain. The applicant had attempted suicide on 5 occasions, the treating provider reported. Multiple medications were continued and/or renewed, including Norco, Neurontin, Celexa, and Prilosec. The applicant's permanent restrictions were likewise renewed. It was acknowledged that the applicant was not working with said permanent limitations in place.

The applicant was asked to pursue a functional restoration program evaluation. The note was some 27 pages long and quite difficult to follow as it mingled historical issues with current issues to a considerable degree. There was no explicit mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia either in the Review of Systems section of the note or in the Past Medical History section of the same. The applicant was receiving Social Security Disability Insurance (SSDI), it was stated in another section of the note.

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

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

**Norco 10/325mg, #120:** 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): Opioids, criteria for use.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working, it was reported on the September 10, 2015 office visit at issue. The applicant had not worked since the date of injury, the treating provider acknowledged and was seemingly receiving Workers' Compensation indemnity benefits in addition to Social Security Disability Insurance (SSDI) benefits, the treating provider stated. The impact of the applicant's pain was severe, the treating provider reported. The applicant was having difficulty performing activities of daily living as basic as dressing, grooming, bathing, and other household chores. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

**Gabapentin 300mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

**Decision rationale:** Similarly, the request for gabapentin (Neurontin), an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, the applicant had failed to

return to work, the treating provider reported on the September 10, 2015 office visit at issue. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported on that date. The applicant's pain was interfering with her ability to perform activities of daily living as basic as bathing, dressing, grooming, and performance of other household chores. Ongoing usage of Neurontin failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Omeprazole 20mg, #30:** 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:** Finally, the request for omeprazole, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the September 10, 2015 office visit at issue. Therefore, the request was not medically necessary.