

Case Number:	CM15-0204743		
Date Assigned:	10/21/2015	Date of Injury:	10/16/2008
Decision Date:	12/18/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/19/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 50 year old male, who sustained an industrial-work injury on 10-16-08. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbar sprain-strain, bilateral shoulder pain, GERD (gastroesophageal reflux disease), medication induced dyspepsia, and chronic pain syndrome. Treatment to date has included medication, diagnostic testing, left suprascapular nerve block on 2-17-15 with 50% improvement for 2 months, interferential unity, surgery (left shoulder arthroscopy in 7-2012 and right shoulder surgery 5-2014), physical therapy for right shoulder, home exercise program. Currently, the injured worker complains of low back pain that radiates down the bilateral lower extremities and aggravated by activity, upper extremity pain, pain in the shoulders, insomnia due to pain. The pain is rated 8 out of 10 with medications and 9 out of 10 without medication. There is also GERD symptoms. There was development of opiate tolerance due to long term opioid use. Norco was at a slow wean. Per the primary physician's progress report (PR-2) on 8-18-15, exam noted cervical myofascial trigger points in the left trapezius muscle, spasm at L3-S1, tenderness with palpation at L4-S1, moderately limited range of motion, normal sensory exam. Tenderness was noted at the bilateral shoulders, normal range of motion, and strength grossly improved in the right shoulder. The Request for Authorization requested service to include Norco 10/325mg 1 every 8 hours quantity 75, Naproxen 550mg twice a day quantity 60, Omeprazole delayed release once a day quantity 30, and Gabapentin 550mg quantity 90. The Utilization Review on 9-18-15 denied the request for Norco 10/325mg 1 every 8 hours quantity 75, Naproxen 550mg

twice a day quantity 60, Omeprazole delayed release once a day quantity 30, and Gabapentin 550mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 every 8 hours quantity 75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Naproxen 550mg twice a day quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior

use of NSAIDs with documentation of subjective improvement and objective evidence of functional benefit from use of this medication. Medical necessity of the requested medication has been established. The request for Naproxen is medically necessary.

Omeprazole delayed release once a day quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Guidelines (ODG) PPIs.

Decision rationale: According to the CA MTUS, proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. Risk factors include: age >65; history of peptic ulcer disease; GI bleeding; concurrent use of aspirin; corticosteroids; and/or anticoagulants or high-dose/multiple NSAIDs. There is documentation indicating the patient has GERD and dyspepsia with the use of Naproxen. Medical necessity for Omeprazole has been established. The requested medication is medically necessary.

Gabapentin 550mg quantity 90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the CA MTUS (2009) and the ODG, Neurontin (Gabapentin) is an anti-epilepsy drug (AED), which has been considered a first-line treatment for neuropathic pain. The records documented that the patient has neuropathic pain related to this patient's chronic back condition. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. A "good" response to the use of AEDs has been defined as a 50% reduction in pain and a "moderate" response as a 30% reduction. In this case, there was documentation of 40% improvement. Medical necessity for Neurontin has been established. The requested medication is medically necessary.