

<b>Case Number:</b>	CM15-0212608		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/22/2008
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 57 year old female who sustained an industrial injury on 4-11-08. Medical records indicate that the injured worker has been treated for sympathetic dystrophy of the left upper extremity; ulnar neuralgia; depression; sleep disturbance; cervicgia: cervical facet joint pain; left shoulder impingement. She currently (9-10-15) complains of cervical spine pain radiating into the left upper extremity. Her pain level was 8 out of 10. Her prior pain levels were 8 out of 10 from 4-21-15 through 5-21-15, on 7-10-15 was 6 out of 10 and on 8-11-15 was 4-6 out of 10. Physical exam (9-10-15) of the cervical spine revealed tenderness bilaterally at C4-5, C5-6 and C6-7 facet joints, decreased range of motion, positive cervical compression test; left shoulder revealed tender medial and lateral collateral ligaments, positive Tinel's at the left elbow, decreased range of motion. Physical exams were unchanged from 4-21-15 through 9-10-15. There was no documentation present of gastrointestinal issues. Treatments to date included spinal cord stimulator trial (7-8-15) with 50% relief of upper extremity pain; left stellate ganglion blocks (4-9-14 and 11-19-14) with greater than 50% relief of upper extremity pain lasting up to 7 weeks; status post left cubital tunnel release; physical therapy without benefit; chiropractic treatments without benefit; medications: gabapentin, Prilosec (since at least 4-21-15), compounded creams. Per the 9-10-15 note naproxen, hydrocodone 10-325mg, Flexeril, Terocin were discontinued. In the 9-10-15 progress note the treating provider's plan of care included recommendations for Norco, Prilosec. The request for authorization was not present. On 10-2-15 Utilization Review non-certified the request for Norco 10-325mg #120, modified to #100; Prilosec 20mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120:** Overturned

**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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents on 09/10/15 with cervical spine pain rated 8/10, which radiates into the left upper extremity. The patient's date of injury is 04/11/08. The request is for Norco 10/325mg #120. The RFA was not provided. Physical examination dated 09/10/15 reveals tenderness to palpation of the bilateral facet joints at C4 through C7 levels, positive cervical compression test, reduced cervical range of motion in all planes, and tender left trapezius, levator scapulae, medial and lateral collateral ligaments, and the provider notes positive Tinel's sign in the left elbow. Neurological examination notes hyperalgesia throughout the left upper extremity corresponding to the left ulnar nerve distribution. The patient is currently prescribed Gabapentin and Prilosec. Patient's current work status is not provided. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, Medications for Chronic Pain Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." In regard to the initiation of Norco for this patient's chronic cervical spine pain, the request is appropriate. Progress note dated 09/10/15 states that this patient was not previously taking opiate medications, and that Norco is being prescribed as a stopgap since this patient's Gabapentin prescription was non-certified by utilization review. Regarding Norco, utilization review dated 10/02/15 certified the requested Norco but modified the 120 tablets to 100 tablets - without providing a rationale or discussion for doing so. It is not clear if this modification was made in error or if the physician reviewer considered 120 tablets to be an excessive amount. Per the documentation provided there is no indication that this patient has taken any opiate medications recently. Given this patient's continuing cervical spine pain secondary to medication denials, a short trial of Norco is an appropriate measure for this patient until Gabapentin or another non-narcotic medication

can be initiated. Therefore, the request is medically necessary.

**Prilosec 20 mg #60:** 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 patient presents on 09/10/15 with cervical spine pain rated 8/10, which radiates into the left upper extremity. The patient's date of injury is 04/11/08. The request is for Prilosec 20mg #60. The RFA was not provided. Physical examination dated 09/10/15 reveals tenderness to palpation of the bilateral facet joints at C4 through C7 levels, positive cervical compression test, reduced cervical range of motion in all planes, and tender left trapezius, levator scapulae, medial and lateral collateral ligaments, and the provider notes positive Tinel's sign in the left elbow. Neurological examination notes hyperalgesia throughout the left upper extremity corresponding to the left ulnar nerve distribution. The patient is currently prescribed Gabapentin and Prilosec. Patient's current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines 2009 Chapter, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc. In regard to Prilosec for this patient's GI upset, the treater has not provided subjective complaints of GI upset or an appropriate GI assessment. This patient has been prescribed Prilosec since at least 04/21/15, though efficacy is not addressed in the subsequent reports. Without an appropriate GI assessment at initiation or thereafter, rationale as to why this patient requires this medication or discussion of efficacy, the continuation of Prilosec cannot be substantiated. The request is not medically necessary.