

Case Number:	CM15-0034485		
Date Assigned:	03/02/2015	Date of Injury:	11/13/2007
Decision Date:	04/08/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/24/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial injury on 11/13/07. On 2/24/15, the injured worker submitted an application for IMR for review of One (1) prescription of Norco 10/325 mg #90, and One (1) urine drug screen, and Omeprazole 20 mg #30. The treating provider has reported the injured worker complained of chronic pain in neck, low back and right shoulder, right elbow and wrist and bilateral knees with persistent headaches. The diagnoses have included headache; right knee sprain/strain; cervical spine sprain/strain with radiculopathy; right shoulder sprain/strain/impingement syndrome. Treatment to date has included chiropractic care; physical therapy; MRI right shoulder, cervical spine and lumbar spine (3/26/11); wheel-chair; walker; back brace; EMG/NCV bilateral lower extremities (10/7/10). On 1/21/15 Utilization Review non-certified One (1) prescription of Norco 10/325 mg #90, and One (1) urine drug screen, and Omeprazole 20 mg #30. The MTUS and ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. There was no indication of Tylenol failure. The claimant had been on a combination of Norco with Gabapentin. Pain response to Norco alone is not known. Long-term use can lead to addiction and tolerance. Continued a long-term use of Norco is not medically necessary.

One (1) urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. The claimant had monthly urine tests ordered. The results were no mentioned recently that would indicate that there is a compliance concern. Based on the above references and clinical history a urine toxicology screen is not medically necessary.

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant was not on NSAIDs. The claimant did not have a history of bleeding disorders or abnormal

endoscopic findings requiring a PPI. Therefore, the continued use of Omeprazole is not medically necessary.