

<b>Case Number:</b>	CM15-0037826		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	06/13/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 injured worker is a 47 year old male, who sustained an industrial injury on June 13, 2014. He reported an injury to his low back. The injured worker was diagnosed as having shoulder impingement, lateral epicondylitis, lumbar radiculopathy and internal derangement of knee not otherwise specified. Treatment to date has included diagnostic studies, medications, chiropractic treatment, acupuncture and physical therapy. On March 2, 2015, the injured worker reported no significant improvement from a prior exam. He continues to take medications for his back pain, which allow him to function and do activities of daily living with manageable pain. Physical examination revealed tenderness to palpation over the right anterior shoulder, over the right lateral elbow and the paraspinal muscles. Impingement sign on the right and Cozen's sign were positive. The treatment plan included medications, physical therapy, modified work with restrictions and a follow-up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Hydrocodone/APAP 10/325 mg #60 with two refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are shoulder impingement; lateral epicondylitis; lumbar radiculopathy; and internal derangement knee. A progress updated October 2, 2014 (the initial orthopedic evaluation) indicates the injured worker was started on Norco. The worker had multiple complaints including the right upper extremity, low back, right lower extremity and right knee and foot with VAS pain scores ranging from 5/10 in the right upper extremity to 9/10 in the lower back without medications and 4/10 with medications. In a progress note dated October 2, 2014, the treating physician started Naproxen sodium 550 mg and Omeprazole. There is no clinical indication/rationale in the medical record. Norco was refilled at that date. There are no pain assessments in the medical record. There are no risk assessments in the medical record. The documentation according to a January 15, 2015 progress note, subjectively, states there is minimal improvement. There were no specific subjective complaints noted. There is no documentation with objective functional improvement with ongoing work. Consequently, absent compelling clinical documentation with objective functional improvement, pain assessments and risk assessments with minimal subjective improvement, hydrocodone/APAP (Norco) 10/325 mg #60 with two refills is not medically necessary.

**Naproxen Sodium 550mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #30 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms

of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are shoulder impingement; lateral epicondylitis; lumbar radiculopathy; and internal derangement knee. A progress updated October 2, 2014 (the initial orthopedic evaluation) indicates the injured worker was started on Norco. The worker had multiple complaints including the right upper extremity, low back, right lower extremity and right knee and foot with VAS pain scores ranging from 5/10 in the right upper extremity to 9/10 in the lower back without medications and 4/10 with medications. In a progress note dated October 2, 2014, the treating physician started Naproxen sodium 550 mg and Omeprazole. There is no clinical indication/rationale in the medical record. Non-steroidal anti-inflammatory drugs are indicated for the shortest period at the lowest dose. The documentation from a January 15, 2015 progress note shows minimal improvement with ongoing medications including naproxen sodium. The treating physician prescribed naproxen three months prior with minimal subjective improvement and no documentation with objective improvement. There are no specific subjective complaints or VAS pain score enumerated in the January 2015 progress note. Consequently, absent compelling clinical documentation with objective functional improvement, Naproxen sodium 550 mg #30 with 2 refills is not medically necessary.

**Omeprazole DR 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 20 mg #30 with two refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are shoulder impingement; lateral epicondylitis; lumbar radiculopathy; and internal derangement knee. A progress updated October 2, 2014 (the initial orthopedic evaluation) indicates the injured worker was started on Norco. The worker had multiple complaints including the right upper extremity, low back, right lower extremity and right knee and foot with VAS pain scores ranging from 5/10 in the right upper extremity to 9/10 in the lower back without medications and 4/10 with medications. In a progress note dated October 2, 2014, the treating physician started Naproxen sodium 550 mg and Omeprazole. There is no clinical indication/rationale in the medical record. There is no documentation with comorbid conditions or past medical history demonstrating risk factors for gastrointestinal events including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Consequently, absent clinical documentation with the risk factors, co-morbid conditions or past medical history placing the injured worker at risk for gastrointestinal events, Omeprazole DR 20 mg #30 with two refills is not medically necessary.

