

Case Number:	CM15-0041693		
Date Assigned:	03/12/2015	Date of Injury:	08/18/2009
Decision Date:	04/15/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/05/2015

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: Emergency 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 49 year old female injured worker suffered an industrial injury on 8/18/2009. The diagnoses were right shoulder strain, bilateral epicondylitis and bilateral carpal tunnel syndrome. Patient also has had 2 unknown prior left shoulder surgeries. The diagnostic studies were x-rays of the right shoulder. The treatments were medications, and psychiatric evaluation QME. The treating provider reported complaints of left shoulder pain 8/10 with reduced range of motion. Unable to lift arm above shoulder level, Neer and Hawkins are positive. The cervical spine had stiffness with reduced range of motion. Cervical compression is negative with negative Spurling's. There was tenderness throughout the lumbar/ thoracic spine. X-ray of shoulder on 10/13/14 revealed mild acromioclavicular arthritis. Urine Drug Screen dated 11/25/14 was positive for oxycodone. The requested treatments were: 1. Prilosec 20mg, per 1/7/15 order Qty: 60.00. 2. Restoril 15mg, per 1/7/15 order Qty: 30.00. 3. Duexis 800mg/26.6mg, per 1/7/15 order Qty: 60.00. 4. Oxycodone IR 30mg per 1/7/15 order Qty: 70.00

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, per 1/7/15 order Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Chronic pain guidelines, PPIs are recommended in patient with dyspepsia on NSAID therapy and at high risk for GI bleeding. There is no dyspepsia complaints. Despite provider's claim that patient is "intermediate" risk for GI bleed, there is no justification for such a claim documented. Patient is not high risk for GI bleeding. Patient is not noted to be on NSAID therapy. Duoxis, a combination medication that contains NSAID is not medically necessary in UR and this review. Prilosec/Omeprazole is not medically necessary.

Restoril 15mg, per 1/7/15 order Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Restoril or Temazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Temazepam is being used for pain or anxiety. Chronic use of benzodiazepines such as Temazepam is not medically necessary.

Duexis 800mg/26.6mg, per 1/7/15 order Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Duexis.

Decision rationale: Duexis is a combination containing ibuprofen, a common over the counter NSAID and Famotidine a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Chronic pain guidelines, PPIs are recommended in patient with dyspepsia on NSAID therapy and at high risk for GI bleeding. There is no dyspepsia complaints. Despite provider's claim that patient is "intermediate" risk for GI bleed, there is no justification for such a claim documented. Patient is not high risk for GI bleeding. Duexis is a recently approved medication that contains 2 common generic medications. As per Official Disability Guidelines, Duexis is a second line medication that has no benefit beyond the basic individual generic medication with increased cost. There is no justification

noted for the use of a more expensive medication with no benefit beyond basic over the counter ibuprofen and there is no justification for PPI. Duexis is not medically necessary.

Oxycodone IR 30mg per 1/7/15 order Qty: 70.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids, criteria for use Page(s): 92, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycodone is an opioid. As per MTUS Chronic pain guidelines, continued use of opioids documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient has been on opioids chronically. There is no documentation of any benefit from continued use of this medication with no improvement in pain or objective function. Patient has documented urine drug screening that is appropriate but there is no discussion with documentation of appropriate monitoring of adverse events or aberrant behavior. There is no discussion on long-term plan for opioid therapy. Continued use of Oxycodone is not supported by documentation.