

Case Number:	CM15-0042188		
Date Assigned:	03/12/2015	Date of Injury:	11/25/2011
Decision Date:	04/22/2015	UR Denial Date:	02/14/2015
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, Hawaii

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:

This 40 year old male sustained an industrial injury to the neck, back, left shoulder and bilateral knees on 11/25/11. In a PR-2 dated 2/4/15, the injured worker complained of neck and left shoulder pain with radiation to the left arm as well as pain to the mid back, lower back and bilateral knees with radiation to bilateral legs. The physician described the injured worker as extremely depressed appearing, in pain and ambulating with an antalgic gait. Physical exam was remarkable for tenderness to palpation to the cervical spine, left shoulder and lumbar spine with restricted range of motion. Current diagnoses included displacement of lumbar intervertebral disc without myelopathy, disorders of bursae and tendons of shoulder region and cervicalgia. The treatment plan included requesting a cane to prevent falling and medications (Omeprazole and Hydrocodone). The physician noted that Omeprazole was added for gastrointestinal prophylaxis to decrease the risk of gastrointestinal upset and irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Omeprazole 20mg #60 with two refills: Upheld

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

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

Decision rationale: The patient presents with shoulder pain with radiation to the left arm, cervical, mid and low back pain as well as bilateral knee pain with radiation to the legs. The current request is for one prescription of Omeprazole 20mg #60 with two refills. Omeprazole is a proton pump inhibiting medication used to reduce the amount of acid produced by the stomach. The treating physician states on 3/4/15 (C7) that the patient was dispensed Omeprazole "for gastrointestinal prophylaxis to decrease the risk of gastrointestinal upset and irritation." MTUS supports the usage of proton pump inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. In this case, the records provided do not document NSAIDs use, dyspepsia secondary to NSAID therapy nor a documented GI assessment. Therefore, the request is not medically necessary.

One prescription of Hydrocodone 10/325mg #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): 74-96.

Decision rationale: The patient presents with shoulder pain with radiation to the left arm, cervical, mid and low back pain as well as bilateral knee pain with radiation to the legs. The current request is for one prescription of Hydrocodone 10/325mg #90. Hydrocodone is an opioid pain medication. UR modified the request to one prescription of Hydrocodone 10/325mg #21. The treating physician states on 3/4/15 (C7) that Norco "is prescribed as a short acting opioid pain medication." For chronic opiate use, MTUS Guidelines 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 page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant 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. In this case, there is no discussion regarding ADLs, adverse side effects or aberrant behaviors. MTUS guidelines require much more thorough documentation for ongoing opioid usage than was provided. The current request is not medically necessary and the patient should be slowly weaned per MTUS guidelines. Therefore, the request is not medically necessary.