

Case Number:	CM15-0042632		
Date Assigned:	03/12/2015	Date of Injury:	04/08/2011
Decision Date:	04/16/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/06/2015

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 injured worker is a 66 year old male, who sustained an industrial injury on April 8, 2011. He has reported neck pain, lower back pain and bilateral shoulder pain. Diagnoses have included cervical spine sprain, cervical spine disc protrusion, lumbar spine sprain, lumbar spine disc protrusion, bilateral shoulder sprain, bilateral lateral epicondylitis, bilateral carpal tunnel syndrome, depression, anxiety and stress. Treatment to date has included medications and home exercise. A progress note dated January 30, 2015 indicates a chief complaint of neck pain, lower back pain, and bilateral shoulder pain radiating to the hands, with an increase in pain due to not having medications for over 7months. Documentation by provider states that patient was last seen 6months prior. Pain is a claimed 10/10. Objective exam reveals paraspinal cervical tenderness, limited range of motion. Negative Spurling and compression test. Bilateral shoulders with limited range of motion with positive, Neer, Hawkins and Cross abduction bilaterally. The treating physician documented a plan of care that included a spine surgery consultation, medications, continued home exercise, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Prilosec 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 guidelines, PPIs are recommended in patients on NSAID therapy with dyspepsia or high risk for GI bleed. There is no documentation of patient being on an NSAID. There are no dyspepsia complaints. There are no indications to recommend omeprazole. Prilosec/Omeprazole is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Tramadol is a direct Mu and Kappa agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Reinitializing of opioid therapy requires documentation of long term plan and monitoring plan which is not documented. There is no documentation of any benefit from any prior opioid therapy. There is no explanation for 6month gap in patient's care where patient claims to have 10/10 pain. The number of tablets prescribed for reinitializing of opioid therapy is not appropriate and does not meet MTUS guidelines for close monitoring. Tramadol is not medically necessary.

Xanax 0.5 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: Xanax/Alprazolam is a benzodiazepine often given for anxiety or insomnia but may be given as a muscle relaxant. Documentation states that it was to be given for anxiety and for muscle pain. As per MTUS guidelines, benzos are not recommended due to risk of dependence and risk of tolerance. Patient has reportedly been off his medications for over 6months for unknown reason. Reinitializing of benzodiazepines should be done slowly and carefully with appropriate monitoring. The number of tablets is excessive for reinitializing of this

medication and documentation concerning details of anxiety is lacking. Xanax is not medically necessary.

Norco 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Reinitializing of opioid therapy requires documentation of long term plan and monitoring plan which is not documented. There is no documentation of any benefit from any prior opioid therapy. There is no explanation for 6month gap in patient's care where patient claims to have 10/10 pain. The number of tablets prescribed for reinitializing of opioid therapy is not appropriate and does not meet MTUS guidelines for close monitoring. Norco is not medically necessary.