

Case Number:	CM15-0048929		
Date Assigned:	03/20/2015	Date of Injury:	09/22/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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 female who sustained a work related injury on September 22, 2010, injuring her neck and shoulder after lifting a bed. She was diagnosed with shoulder impingement syndrome and cervical radiculopathy. Treatment included pain medications, physical therapy, and acupuncture sessions, cortisone injections to her shoulder and anti-inflammatory drugs. She underwent right shoulder arthroscope and right bicep surgery. Currently, in February, 2015, the injured worker complained of chronic pain in her cervical and lumbar spines, right shoulder, elbow and wrist. The treatment plan that was requested for authorization included prescriptions for Omeprazole and Acetaminophen with Codeine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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 20 mg #90 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal 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 nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are shoulder impingement; and cervical radiculopathy. There is no documentation in the medical record (notably progress note dated November 7, 2014) with comorbid conditions or past medical history or risk factors including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication in the medical record for the continued use of Omeprazole. In a progress note dated January 14, 2015, the injured worker states she has "stomach disorders from medications". It is unclear what this phrase refers to. The injured worker is also under the care of a pain management specialist. It is unclear whether the pain management specialist is duplicating medications or whether the treating orthopedist is duplicating medications unbeknownst to the pain management specialist. In a February 11, 2015 progress note, Omeprazole was refilled. Consequently, absent clinical documentation with risk factors, comorbid conditions or past medical history predisposing the injured worker to gastrointestinal events, Omeprazole 20 mg #90 is not medically necessary.

Acetaminophen/Codeine #3 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

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, Tylenol with codeine #3, #30 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 of 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; and cervical radiculopathy. A progress note dated November 7, 2014 shows the injured worker was taking Norco, Motrin and Pantoprazole. In a January 14, 2015 progress note, the

medications were not listed. In a February 11, 2015 progress note, the treating physician requested Tylenol with codeine #3. There was no clinical rationale for the change from Norco to Tylenol #3 documented in the record. There was no documentation with objective functional improvement. There were no risk assessments in the medical record. There were no detailed pain assessments in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement with a clinical indication/rationale for the change from Norco to Tylenol #3, Acetaminophen/codeine #3, #30 is not medically necessary.