

<b>Case Number:</b>	CM15-0049904		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 52 year old male injured worker suffered an industrial injury on 02/16/2010. The diagnoses were cervical radiculopathy, cervical spine sprain/strain, right shoulder rotator cuff tear and left shoulder capsulitis. The injured worker had been treated with medications and home exercise program. On 12/11/2014 the treating provider reported chronic left shoulder pain, cervical spine pain, increased left hand numbness and neck spasms. The neck pain radiated to the left shoulder and left arm/forearm. He also had pain in the upper back and headaches. He has gait impairment and uses a cane. There were cervical spine spasms with decreased range of motion with facet tenderness. The shoulder has impingement signs with reduced range of motion. The treatment plan included Norco and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 79.

**Decision rationale:** MTUS 2009 states that opioids should be discontinued if there is no functional improvement. Imaging studies do not reveal any significant abnormality that would account for instability or weakness. Pain in the shoulder appears to be the primary barrier to function. The patient reportedly has decreased pain due to use of the Norco but continues to have significant functional restrictions. The ongoing use of Norco to treat chronic non-malignant pain does not adhere to MTUS 2009 in this situation. The goal of care is meaningful functional improvement which has not been demonstrated in this case. This request for #180 is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** MTUS 2009 states that proton pump inhibitors can be used along with NSAIDs in individuals with an intermediate risk for gastrointestinal events or over age 65. The patient does not meet either criteria since he has no history of gastrointestinal events. Furthermore, he is not diagnosed with gastroesophageal reflux disease for which it is indicated. This request for Prilosec is not medically necessary.