

<b>Case Number:</b>	CM15-0051218		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/24/2007
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 54 year old female who sustained an industrial injury on 4/24/07 while loading pallets injuring her right neck and shoulder area. She currently complains of persistent severe right shoulder and neck pain radiating to right upper extremity. She has sleep difficulties and limitation in her activities of daily living due to pain. She was diagnosed with neck and shoulder strain. She initially was given Naprosyn, Soma and Toradol. Medications are Hydrocodone, Nortriptyline, and Omeprazole. Medications relieve pain temporarily. Diagnoses include status post right shoulder rotator cuff repair (9/10/09); right shoulder arthrogram (1/19/10) due to persistent right shoulder pain; right shoulder impingement syndrome; myofascial pain; right shoulder adhesive capsulitis. Treatments to date include medications, physical therapy. Diagnostics include electromyography/ nerve conduction study (2/7/13) of the upper extremities showed right median neuropathy. In the progress note dated 1/15/15 the treating provider's plan of care includes requests for Omeprazole and Norco for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg PO QD #30 Refill 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk Page(s): 68 and 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there the claimant had reflux. There was no NSAID use. There was no mention of work-up for reflux including H.Pylori and an EGD. Therefore, the continued use of Omeprazole is not medically necessary.

**Norco 5/325mg PO Q12 hrs PRN #60 Refill 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with topical analgesics and NSAIDs with persistent 8-9/10 pain. There was no indication of Tylenol failure. The continued use of Norco is not medically necessary.