

Case Number:	CM15-0068393		
Date Assigned:	04/16/2015	Date of Injury:	06/10/2002
Decision Date:	08/14/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 49-year-old female who sustained an industrial injury on 06/10/2002. Diagnoses include cervical spine multilevel disc herniation; shoulder enthesopathy; carpal tunnel syndrome bilaterally; and right lateral elbow epicondylitis. Treatment to date has included medication, physical therapy (PT), acupuncture, a cortisone injection and TENS unit. According to the progress notes dated 2/23/15, the injured worker reported bilateral shoulder pain, bilateral elbow pain, bilateral wrist pain and posterior neck pain. Pain levels ranged from 4/10 to 8/10. Wrist pain radiated to the fingers with associated numbness, tingling and weakness. Neck pain was associated with headaches. On examination, handgrip testing was 32, 33 and 30 on the right and 28, 33 and 28 on the left. Range of motion of the cervical spine and upper extremities was painful and mostly less than normal, especially in the cervical spine and right shoulder. The neck, shoulders and wrists were tender to palpation. Neer's and O'Brien's tests were positive for the bilateral shoulders. Tinel's sign and Phalen's sign was positive at the left wrist. Listed medications included Norco, Prilosec, Mobic and Soma. A request was made for Prilosec 20mg, #90 for prevention against gastrointestinal symptoms due to NSAID use; Mobic 15mg, #90 for inflammation; and Norco 2.5/325mg, #60 for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Proton pump inhibitors (PPIs).

Decision rationale: The CA MTUS recommend using a proton pump inhibitor with a prescribed NSAID for the patients at risk for gastrointestinal events. However, the injured worker does not establish that the injured worker is a risk for developing gastrointestinal events. Furthermore, the injured worker has not been deemed an appropriate candidate for ongoing use of non-steroidal anti-inflammatory medication. Moreover, the medical records indicate that the injured worker has been prescribed proton pump inhibitors for an extended period of time. Per the MTUS guidelines, long-term use of proton pump inhibitors leads to an increased risk of hip fractures. ODG notes the following for risk associated with proton pump inhibitors: "The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. PPIs have a negative effect on vascular function, increasing the risk for myocardial infarction (MI). Patients with gastroesophageal reflux disease on PPIs had a 1.16 greater risk of MI, and a 2.00 risk for cardiovascular mortality. PPI usage may be serving as a marker for a sicker population, but this is unlikely, given the lack of increased risk seen in patients taking H2 blockers. (Shah, 2015) In this study PPI use was associated with a 1.58-fold greater risk of MI, and in the case-crossover study, adjusted odds ratios of PPI for MI risk were 4.61 for the 7-day window and 3.47 for the 14-day window. However, the benefits of PPIs may greatly outweigh the risks of adverse cardiovascular effects, with number needed to harm of 4357. (Shih, 2014)" The request for Prilosec 20mg #90 is not medically necessary and appropriate.

Mobic 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Mobic. The request for Mobic 15mg #90 is not medically necessary and appropriate.

Norco 2.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting Opioids, On-Going Management of Opioid use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long-term use of opioids is not supported by the MTUS guidelines due to the development of habituation and tolerance. In addition, the medical records note that the injured worker has been prescribed opioids for an extended period of time, and the medical records do not establish significant objective functional gains to support the ongoing use of Norco. The request for Norco 2.5/325mg #60 is not medically necessary and appropriate.