

<b>Case Number:</b>	CM15-0080564		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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 59 year old female with an industrial injury dated 10/30/2003. Her diagnoses includes right shoulder strain status post-surgery 04/27/2004, left shoulder pain with impingement status post-surgery 03/16/2013, lumbar strain with right lumbar radiculopathy, post traumatic headaches, depression and sleep difficulty, gastroesophageal reflux disease and swallowing difficulty probably post-operative complication from cervical spine surgery on 03/07/2012. Prior treatment included cervical spine surgery, exercises and medications. She presents on 10/30/2003 with complaints of cervical spine and bilateral shoulder pain. She also continues to have difficulty swallowing and increased jaw and TMJ area pain. Physical exam revealed slight tenderness and mild spasm of the cervical spine. Treatment plan included follow up with physician regarding TMJ, follow up with dentist, pain medication, medication for constipation and medication for gastrointestinal upset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**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 6 months with continued 7/10 pain. Pain reduction score was not provided. In addition, failure of Tylenol was not mentioned. Continued and chronic use of Norco is not medically necessary.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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 is no documentation of GI events or antiplatelet use that would place the claimant at risk. There is no mention of current NSAID use or dosage. Therefore, the continued use of Omeprazole is not medically necessary.

**Promolaxin 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the guidelines, stool softeners are recommended when initiating opioids to prevent constipation. In this case, the claimant has been on opioids for months. The continued use of Norco as above is not necessary. There is no mention of existing constipation. The continued use of Promolaxin is not medically necessary.