

Case Number:	CM15-0083098		
Date Assigned:	05/05/2015	Date of Injury:	10/20/2010
Decision Date:	06/04/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 60 year old female, who sustained an industrial injury on October 20, 2010. She reported neck pain, left shoulder pain, headaches, left elbow pain and low back pain. The injured worker was diagnosed as having obesity, chronic pain, left shoulder pain status post-surgical intervention, neck pain, rule out degenerative disc disease, cervicogenic headache, left epicondylitis status post-surgery in June 2013, chronic low back pain and gastroesophageal reflux disease. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the left shoulder and elbow, H-wave device, medications, diet plan, home exercises work restrictions and activity restrictions. Currently, the injured worker complains of chronic low back pain, neck pain radiating to the left eyebrow area, left shoulder pain, headache and left elbow pain. The injured worker reported an industrial injury in 2010, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on November 20, 2014, revealed continued pain as noted. Medications and a diet plan were continued. Evaluation on January 1, 2015, revealed continued pain. A weight reduction plan was continued and medications were adjusted and renewed. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 60 year old female has complained of neck pain, shoulder pain and low back pain. She has been treated with surgery, H wave device, physical therapy and medications to include opioids since at least 01/2015. The current request is for Norco. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco is not indicated as medically necessary.

Naproxen 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: This 60 year old female has complained of neck pain, shoulder pain and low back pain. She has been treated with surgery, H wave device, physical therapy and medications to include Naproxen since at least 01/2015. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 12 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.

Prilosec 20mg #30 with 3 refills: 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 NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 60 year old female has complained of neck pain, shoulder pain and low back pain. She has been treated with surgery, H wave device, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant

signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPIs can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.