MAXIMUS Federal Services

Case Number:	CM15-0086302		
Date Assigned:	05/08/2015	Date of Injury:	11/23/2009
Decision Date:	06/10/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Preventive Medicine, 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 injured worker is a 40-year-old male, who sustained an industrial injury on 11/23/2009. He reported injury to his right foot/ankle and left shoulder. Comorbid conditions include obesity (BMI 39.1). Treatment to date has included MRI, medications, steroid injection, lumbar sympathetic blocks and physical therapy. According to a progress report dated 07/09/2014, the injured worker was unable to take non-steroidal anti-inflammatory drugs since it caused abdominal irritation. He continued to have abdominal discomfort primarily due to Ibuprofen and it was recommended that the injured worker continue to take Omeprazole. According to a progress report dated 02/18/2015, the injured worker continued to complain of shoulder, hip, knee, and ankle and foot pain on the right side as well as left shoulder pain. He reported that since his last follow up appointment that his pain had gotten worse with constant aching pain. He reported anxiety and lack of sleep due to pain. His was unable to do any lifting with the left shoulder and there was severe hip and back pain with moving. He had slight to moderate limitation with his leg, ankle and foot when walking. He was quite limited on certain activities he could and could not do. He continued to take Norco for pain. Assessment included ongoing right lower extremity crush injury with chronic pain syndrome and left shoulder tendonitis. The provider expressed concern that the injured worker possibly had a complex regional pain syndrome. Medications included Gabapentine, Norco, Celebrex, Celexa and Tramadol. He was currently not working. Currently under review is the request for Norco and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain, Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. There is no documentation in the records available for review that the present provider is following this guideline in that there is no documentation of a patient contract, no documentation of effectiveness of the medication, and no documentation that the provider is appropriately monitoring this patient for possible opioid abuse. Additionally, the total daily morphine equivalent dose of opioids (Norco and Tramadol) is 140 mg/day, which is over the maximum recommended dosage for chronic opioid use. Medical necessity for continued use of this medication is not medically necessary.

Omeprazole 10mg #30: Overturned

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

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

Decision rationale: Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory medications (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs. Even though dyspepsia is also a known side effect of opioid medications the MTUS does not address its use to prevent or treat dyspepsia caused by long-term use of opioids. Since this patient is on chronic NSAID and chronic opioid therapy it is reasonable

to assume his dyspepsia symptoms he experienced prior to use of omeprazole were caused by his medications. It follows that use of omeprazole in this patient is appropriate. Therefore, this request is medically necessary.