

<b>Case Number:</b>	CM14-0128427		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/03/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62 year old female injured on 08/03/10 when transferring a large injured worker who struck her arm. The documentation indicated the injured worker underwent a manipulation to her left shoulder on an unspecified date; however, never regained full motion. Electromyography (EMG)/ nerve conduction velocity (NCV) revealed C5 radiculopathy and median neuropathy. The clinical note dated 06/03/14 indicated the injured worker presented complaining of persistent neck pain, left greater than right, stiffness, and soreness with good relief with physical therapy. The injured worker reported improved range of motion and less discomfort in the shoulders with physical therapy; however, continued to report left sided neck pain. The injured worker also complained of stomach irritation and discomfort and relief with trigger point injections with range of motion in the cervical spine. A physical examination of the cervical spine revealed minimal tenderness to palpation at the left base of the skull to the left trapezius muscle and paravertebral muscles, left L5-C7 dermatomal distribution dysesthesia, slightly weakened grip of the left compared to the right, decreased range of motion of the left shoulder, and minimal tenderness to palpation at the subacromial space and tip of the acromion. The diagnoses include cervical degenerative disc disease, cervical radiculopathy, left shoulder impingement syndrome, left shoulder internal derangement, cervical myofascial pain syndrome, and bilateral carpal tunnel syndrome. The treatment plan included continuous short course of physical therapy 2 x a week for 4 weeks, refills for medication, internal medicine evaluation for GI complaints and symptomology, and ongoing evaluation. The initial request for Omeprazole 20mg #60, Soma 350mg #60, Norco 10/325mg #120, and Duexis 800mg #90 was initially non-certified on 08/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), Pain Chapter, Proton Pump Inhibitors.

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, the request for Omeprazole 20 mg #60 is recommended as medically necessary.

**Soma 350 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

**Decision rationale:** As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350 mg #60 cannot be recommended as medically necessary.

**Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear

documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Norco 10/325mg #120 cannot be established at this time.

**Duexis 800 mg #90:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Duexis.

**Decision rationale:** Based on review of the medical records provided the request for Duexis 800-26.6 mg #90/30 is not supported as medically necessary. Current guidelines indicate the prescription combination of ibuprofen and famotidine is not recommended as a first-line drug treatment when both components of Duexis are readily available with over-the-counter formulations in multiple strengths and variations. With less benefit and higher cost, it is difficult to justify using Duexis as a first-line therapy. Additionally, the injured worker is currently taking a proton pump inhibitors resulting in a redundancy in medication administration. As such, the request for Duexis 800 mg #90 cannot be recommended as medically necessary at this time.