

Case Number:	CM14-0146964		
Date Assigned:	09/15/2014	Date of Injury:	08/01/2011
Decision Date:	10/16/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/10/2014

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 Physical Medicine and Rehabilitation 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 57-year-old female who reported an injury on 08/01/2011 due to harassment by a fellow coworker. The injured worker has diagnoses of right shoulder impingement syndrome, IBS (irritable bowel syndrome), and gastritis that is unresponsive to proton pump inhibitors. Past medical treatment consists of physical therapy and medication therapy. Medications include Norco, Prilosec, and Ultram. On 02/25/2014, the injured worker underwent a urine drug screen showing that the injured worker was in compliance with her medications. On 08/29/2014, the injured worker complained of cramping pain. It was noted in the physical examination that the injured worker's extremities had no clubbing, cyanosis, or edema. There were no indications of motor strength, range of motion, or sensory deficits being tested in physical examination. The treatment plan is for the injured worker to continue the use of medication. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing ManagementNorco Page(s): 75 78.

Decision rationale: The California MTUS Guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). There should also include an assessment showing what pain levels were before, during, and after medication administration. The submitted documentation did not indicate the efficacy of the medication. Additionally, there was no documented evidence showing that the Norco was helping the injured worker with any functional deficits. A urine drug screen was submitted on 02/25/2014 showing that the injured worker was in compliance with her medication. However, there was no indication what pain levels were before, during, and after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68.

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

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for patients at risk for gastrointestinal events. The guidelines also recommend proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of the proton pump inhibitor is also supported for patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted documentation did not indicate that the injured worker had complaints of dyspepsia with the use of medication, cardiovascular disease, or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. Additionally, the request as submitted did not include a frequency or duration of the medication. As such, the request for Prilosec is not medically necessary.

ULTRAM 150MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram Ongoing management Page(s): 82, 93, 94, 113 78..

Decision rationale: The California MTUS states that central analgesic drugs, such as tramadol (Ultram), are reported to be effective in managing neuropathic pain. It is not recommended as a first line oral analgesic. The California MTUS recommends that there should be documentation of the 4 A's for ongoing monitoring (including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). An assessment should include what pain levels were before, during, and after medication administration. The submitted documentation did not

indicate that the injured worker had neuropathic pain. Additionally, there was no evidence of the injured worker having a diagnosis with congruent guidelines above. Furthermore, there was no indication of the efficacy of the medication or whether the medication was helping with any functional deficits. A drug screen was submitted on 02/25/2014 showing that the injured worker was in compliance with her medications. However, there was no indication of what pain levels were before, during, or after medication administration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.