

Case Number:	CM14-0093867		
Date Assigned:	07/25/2014	Date of Injury:	07/22/2010
Decision Date:	10/10/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family 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:

This is a 47-year-old male with a 7/22/10 date of injury, when he fell off from an extension ladder and injured his left shoulder, neck and low back. The progress notes indicated that the patient was taking Norco and Prilosec at least from 11/22/12. The patient was seen on 2/12/14 with complaints of moderate constant, aching, dull pain in the left shoulder. The note stated that the patient decided no to proceed with the shoulder surgery. Exam findings revealed decreased range of motion in the cervical spine. The motor strength in the left shoulder was 4/5 with positive crepitus and impingement test. The provider requested consultation with a sleep specialist and prescribed Norco, Norflex and Prilosec. The progress note was handwritten and the remained of note was somewhat illegible. The diagnosis is lumbar sprain/strain with multilevel degenerative disc disease, left shoulder strain, cervical sprain/strain and sleep difficulties. Treatment to date: work restrictions, physical therapy, home exercise program and medications. An adverse determination was received on 5/28/14. The request for Omeprazole/Prilosec 20 mg was denied given that there was a lack of documentation indicating that the patient was taking NSAIDs and there was no report about gastrointestinal distress. The request for Norco 5/325 mg was denied given that there was a lack of documentation regarding symptomatic or functional benefits from Norco. In addition, there was a lack of documentation indicating that the patient started tapering Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE/PRILOSEC 20MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES/OMEPRAZOLE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Omeprazole FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The progress notes indicated that the patient was taking Prilosec at least from 11/22/12. There is a lack of documentation indicating subjective or objective gains from the treatment with Prilosec and it is not clear if the patient suffered from any gastrointestinal disorder. In addition, there is no rationale with regards to clearly specified goals with the long-term treatment with Prilosec given, that the patient was using a proton pump inhibitor for almost 2 years. Therefore, the request for Prilosec was not medically necessary.

HYDROCODONE/ACETAMINOPHEN 5/325MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The progress notes indicated that the patient was taking Norco at least from 11/22/12. However, given the 2010 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, it is not clear if the patient tried weaning off of opiate in the past. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/ Acetaminophen 5/325mg was not medically necessary.