

Case Number:	CM14-0212342		
Date Assigned:	01/02/2015	Date of Injury:	05/13/2003
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: Physical Medicine & Rehabilitation

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 patient is a 62 year old female with an injury date of 05/13/03. The 09/19/14 progress report states the patient presents with constant, sharp, burning neck and right shoulder pain rated 10/10. Pain is elevated as medications have not been approved for the last 2 months. The patient is not working. Examination reveals tenderness in the cervical paravertebral region at C4-5 and C5-6 levels. Spurling test is positive bilaterally for neck pain only. Right shoulder examination shows tenderness at the AC joint and supraspinatus muscle with significant restriction of range of motion.. Supraspinatus test is positive and there is positive apprehension on the right. The patient's diagnoses include: 1. Spondylosis, Cervical 2. Cervicalgia 3. Rotator cuff syndrome, right shoulder 4. Facet joint syndrome. The patient has a medical history of shoulder and elbow surgery (dates unknown). As of 07/07/14 the patient had failed physical therapy, rest, activity modification, NSAIDs and opioid therapy. Continuing medications are listed as: Lunesta, Percocet, Cymbalta, Omeprazole, and Senna. The utilization review is dated 10/15/14. Reports were provided for review from 01/08/13 to 09/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10-325mg #84: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS; medication for chronic pain Page(s): 88 and 89, 76-78; 60-61.

Decision rationale: The patient presents with constant neck and right shoulder pain rated 10/10 without medications. The current request is for Percocet 10-325mg #84 (Oxycodone, an opioid) per the 09/19/14 report and 09/24/14 RFA. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed Percocet since at least March 2014 when it was prescribed for post-operative use. The reports show the patient was prescribed Vicodin up to 01/09/14. The 09/19/14 report states that the patient notes a 35-40 % improvement in pain with use of medications. Pain is routinely assessed through the use of pain scales. Pain is rated 10/10 on 03/31/14, 9/10 04/28/14 through 07/07/14 and 10/10 on 09/19/14. On 09/19/14 the treater states pain is elevated as the patient has not received medications for 2 months. This report states with medication the patient is able to perform household chores including cook, cleaning and vacuuming and function improves 35-40%. The 04/28/14 reports states that with opioid medications the following is improved by 10%: Sitting, standing and walking tolerance. Lifting tolerance and household chore tolerance is improved by 20%. Opiate management issues are addressed in the 09/19/14 report which states the patient has a signed opioid agreement, UDS and CURES are consistent and there is no evidence of abuse or misuse of medication. The report states there are no adverse effects; however, the reports do show constipation and GERD for this patient. No outcome measures are provided. In this case, the 4As are sufficiently documented to support long-term opioid use as required by MTUS. The request is medically necessary.

Omeprazole 20mg delayed release #28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with constant neck and right shoulder pain rated 10/10 without medications. The current request is for Omeprazole 20mg delayed release #28 per 09/19/14 report and 09/24/14 RFA. The reports provided show this request is Omeprazole. MTUS pg. 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age >65, concurrent use of oral anticoagulation, ASA, high

dose of NSAIDs, or history of peptic ulcer disease, etc. The reports provided show the patient was prescribed this medication as early as 01/09/14, and the patient experiences GERD, heartburn and constipation. The 07/14/14 report states the patient was placed on Pantoprazole as Omeprazole was not authorized and the patient experienced significant GI discomfort due to oral medications. However, the patient is not prescribed an NSAID and there is no evidence of oral anticoagulation, ASA, or a history of peptic ulcer. Furthermore, there is no GI assessment as required by MTUS. Recent reports do not discuss whether or not the medication helps the patient. The request is not medically necessary.