

Case Number:	CM14-0216041		
Date Assigned:	01/06/2015	Date of Injury:	05/05/2008
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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 injured worker is a 48 year old female with a date of injury of May 5, 2008. Results of the injury include upper back, neck, and thoracolumbar pain. Diagnosis include cervical sprain with right sided spasm and locking, headaches and shoulder and back pain, evolving left upper extremity radiculopathy and worsening pain, poor pain control, start cymbalta 20 mg 1/2 to 1 capsule nightly times 1 week. Contact her personal physician for adjustment in her other medications such as bupropion to avoid side effects, C5-6 disc replacement on July 3, 2012 with Dr Chou. Treatment has included 18 visits of physical therapy , massage therapy, Norco, percocet, diclofenac, C5-6 disc replacement, trigger pint injections with significant relief. Radiographic studies are unavailable. Progress notes dated December 9, 2014 revealed tenderness in the bilateral cervical paravertebral muscles and cervico occipital muscles somewhat more right than left. Right cervical rotation 15 degrees and still limited. Work status was documented as permanent and stationary. The treatment plan included physical therapy, massage therapy, and medications. Utilization Review form dated December 17, 2014 non certified Omeprazole 20 mg # 60 + 2 refills, Norco 10-325 # 120, and percocet 10-325 # 120 due to lack of compliance with MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with upper back and neck pain rated between 02/10 and 08/10, and some aching down her arms. The request is for OMEPRAZOLE 20MG #60 + 2 REFILLS. Patient's diagnosis on 12/09/14 included cervical sprain with right-sided spasm and locking, headaches and shoulder and back pain, evolving left upper extremity radiculopathy and worsening pain. The patient also takes Diclofenac sodium as part of her treatment plan. Patient is permanent and stationary. 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." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not stated the reason for the request. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, there is no record or history of gastric problems, GI risks or complains of GI symptoms and despite patient being on Diclofenac sodium, the patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

Norco 10-325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with upper back and neck pain rated between 02/10 and 08/10, and some aching down her arms. The request is for NORCO 10.325 MG #120. Patient's diagnosis on 12/09/14 included cervical sprain with right-sided spasm and locking, headaches and shoulder and back pain, evolving left upper extremity radiculopathy and worsening pain. The patient has received physical therapy which per her account has reduced the pain level from 06/10 to 03/10. Patient's medications include Omeprazole, Norco, and Percocet which have been included in the progress report dated 12/09/14. Per progress report dated 07/22/14, patient states physical therapy treatment has also reduced the need for Norco and Percocet use. Patient is permanent and stationary. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. Upon reviewing the provided medical records, it is noted that the patient has been consistently on Norco since at least 12/09/14. As part of her treatment plan, the patient has also received other opioids as a prescription for Percocet as well as physical therapy which per her account has reduced the pain level from 06/10 to 03/10. Per progress report dated 07/22/14, patient states physical therapy treatment has also reduced the need for Norco and Percocet use. In this case, the treater does not elaborate on the reason for the continuation of the opioid therapy. Furthermore, there is no documentation of a measurable increase in function, adverse reactions, CURES, and UDS reports or any aberrant behavior. In conclusion, the four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Percocet 10-325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78,88-89.

Decision rationale: The patient presents with upper back and neck pain rated between 02/10 and 08/10, and some aching down her arms. The request is for PERCOCET 10.325MG #120. Patient's diagnosis on 12/09/14 included cervical sprain with right-sided spasm and locking, headaches and shoulder and back pain, evolving left upper extremity radiculopathy and worsening pain. The patient has received physical therapy which per her account has reduced the pain level from 06/10 to 03/10. Patient's medications include Omeprazole, Norco, and Percocet which have been included in the progress report dated 12/09/14. Per progress report dated 07/22/14, patient states physical therapy treatment has also reduced the need for Norco and Percocet use. Patient is permanent and stationary. For chronic opiate use in general, MTUS Guidelines page 88 and 89 states, "patient should be assessed at each visit and functioning should be measured at 6-month intervals using the 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. Upon reviewing the provided medical records, it is noted that the patient has been consistently on Percocet since at least 12/09/14. As part of her treatment plan, the patient has also received other opioids as a prescription for Norco as well as physical therapy which per her account has reduced the pain level from 06/10 to 03/10. Per progress report dated 07/22/14, patient states physical therapy treatment has also reduced the need for Norco and Percocet use. In this case, the treater does not elaborate on the reason for the continuation of the opioid therapy. Furthermore, there is no documentation of a measurable increase in function, adverse reactions, CURES, and UDS reports or any aberrant behavior. In conclusion, the four A's, including analgesia, specific ADL's, adverse reactions, and aberrant behavior, are not specifically addressed as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.