MAXIMUS Federal Services

Case Number:	CM14-0216528		
Date Assigned:	01/06/2015	Date of Injury:	11/19/2013
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/26/2014

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: Internal Medicine

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 an injured worker with a history of cervical spine, lumbar spine, right shoulder, right elbow, and right wrist conditions. The agreed medical examiner orthopedic report dated July 28, 2014 documented the history of injury. The patient states on November 19,2013 he was performing his usual and customary duties. The patient fell backwards impacting his buttocks on the flooring. He states he tried to break his fall with his outstretched right hand to avoid hitting his head. He felt immediate pain in his lower back and right shoulder region. The patient takes Naproxen. Subjective factors of disability was lower back and neck pain into the right shoulder and arm. Objective factors of disability included narrowing L5/S1 disc space, slight degenerative changes cervical spine, slight degenerative changes acromioclavicular joint right shoulder, limited range of motion cervical lumbar spine, muscle spasm of the cervical and lumbar spine, and limited range of motion cervical and lumbar spine. The primary treating physician's progress report dated October 3, 2014 documented subjective Complaints. The patient presents complaining of low back pain with leg pain. The patient also continues to complain of right shoulder pain. Objective findings were documented. There is tenderness to palpation to the lumbar spine and right shoulder with muscle spasm noted. Range of motion of the lumbar spine was noted. Flexion is 30 degrees. Extension is 10 degrees. Range of motion to the right shoulder was noted. Forward flexion is 110 degrees, extension is 20 degrees, abduction is 120 degrees. There is positive right impingement syndrome test. There is positive Kemp's test. Diagnoses included cervical spine sprain and strain with disk protrusion at the level of C4-C5 per MRI magnetic resonance imaging study dated March 3, 2014. Lumbar spine sprain and strain with

focal central disk extrusion at the level of L5-S1 with disk measurement neutral 8.8 mm, flexion 7.8 mm, extension 9.0 mm per MRI magnetic resonance imaging dated March 3, 2014 was noted. Right shoulder partial tear of the supraspinatus tendon per MRI magnetic resonance imaging dated March 3, 2014 was noted. Right elbow sprain and strain with tendinosis and effusion noted per MRI magnetic resonance imaging dated March 3,2014 was noted. Right wrist and hand sprain and strain, rule out internal derangement, tendonitis, carpal tunnel syndrome were noted. Treatment plan was documented. The patient is recommended to have a diskogram at the level of L5-S1 due to a failed epidural. The patient is recommended a right shoulder arthroscopic surgery. The patient is recommended to continue his physical therapy twice a week for 6 weeks for cervical spine, lumbar spine, right shoulder, right elbow, and right wrist. The patient is to refill his medications which includeing Norco 10/325 mg #120 to be taken as needed for pain, Fexmid, and Prilosec for gastritis secondary to NSAID nonsteroidal anti-inflammatory drug intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hydrocodone Acetaminophen 10/325mg #120 10/03/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 74-96, 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document pain and objective evidence of pathology on physical examination and imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Hydrocodone/Acetaminophen is supported by the medical records and MTUS guidelines. Therefore, the request for Norco (Hydrocodone/Acetaminophen) 10/325mg #120 is medically necessary.

Retro Omeprazole DR 20mg capsule 10/03/2014: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The medical records document a history of NSAID use and gastritis secondary to NSAID nonsteroidal anti-inflammatory drug intake. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors and conditions. Medical records and MTUS guidelines support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Omeprazole (Prilosec) is medically necessary.