

Case Number:	CM15-0004959		
Date Assigned:	01/16/2015	Date of Injury:	02/21/2007
Decision Date:	03/10/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/09/2015

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: Preventive Medicine, Occupational 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 injured worker is a 60 year old female, who sustained a work related injury on 2/21/07. The diagnoses have included carpal tunnel syndrome, chronic neck pain and chronic bilateral hand pain. Treatment to date has included physical therapy to cervical spine, cervical spine surgery, bilateral carpal tunnel release, oral medications and home exercise program. In the PR-2 dated 10/14/14, the injured worker complains of neck pain and pain that radiates to left arm and bilateral hand pain. She is having difficulty swallowing. She has trouble sitting for long periods of time. She drops objects due to hand pain. Range of motion is decreased in neck. She has tenderness to palpation if neck muscles. On 12/16/14, Utilization Review Modified a prescription request for Norco 10/325mg. #180 to Norco 10/325mg. #60, noting Norco pain medication is recommended for moderate to severe pain complaints. The injured worker has been on this medication for some time. There is no documentation on pain scale ratings of pain or no urine drug screen results. She continues with complaints of pain. This medication should not be abruptly discontinued and this request was modified for weaning purposes. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/16/14, Utilization Review non-certified a prescription request for Anaprox 550mg. #60, noting this medication is for short term use of pain symptoms. She continues to complain of pain in hands. There are no objective findings to support functional improvement. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/16/14, Utilization Review non-certified a prescription request for Prilosec 20mg. #180, noting there is lack of documentation of gastrointestinal problems. The

prior request for the use of non-steroidal anti-inflammatory medication was non-certified. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Functional Improvement Measures. Page(s): 78-80;48.

Decision rationale: MTUS Guidelines have very specific standards to support the long term use of opioid medications. These standards include quantification of pain relief, length of pain relief and specific measures of functional improvement as a result of use. The prescribing physician does not meet the Guideline standards and there are no unusual circumstances to justify an exception to Guidelines. The Norco 10/325mg #180 is not consistent with Guidelines and is not medically necessary.

Anaprox 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: MTUS Guidelines discourage the long term use of NSAIDs for chronic low back pain. However the Guidelines do allow for use during flare-ups and for other chronic conditions with an inflammatory component. This individual has inflammatory/neuropathic upper extremity conditions in addition to her spinal pain. Under the circumstances the use of NSAIDs is consistent with Guidelines. The Anaprox 550mg. #60 is medically necessary.

Prilosec 20mg #180: Upheld

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

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

Decision rationale: MTUS Guidelines do not support the prophylactic use of proton pump inhibitors unless there are specific risk factors and/or specific GI symptoms. In addition, Guidelines recommend 20mg. of Prilosec as being general adequate if an individual qualifies for

its use. No qualifying risk factors or symptoms are documented nor is there any justification for prescribing triple (#180/month) the recommended dose. There are not benign medications with long term use associated with increased fractures, interference with vitamen absortion and biological mineral dysregulation. The Prilosec 20mg. #180 is not medically necessary.