

Case Number:	CM15-0015874		
Date Assigned:	02/03/2015	Date of Injury:	02/19/2003
Decision Date:	03/27/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/27/2015

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: 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:

This 69 year old female sustained an industrial injury on 2/19/03. She subsequently reports left shoulder pain. Diagnoses include subacromial impingement and rotator cuff syndrome of left and right shoulders. Current treatments include Lidoderm and Hydrocodone medications and home exercise program. The UR decision dated 12/31/14 non-certified Med Rx 12/5/14 Ducusate Sodium 100MG #60 and Omeprazole 20MG #60. The decision to deny the Ducusate was based on criteria from Drugs.com, to deny the Omeprazole was based on CA MTUS and ODG guidelines. The UR decision dated 12/31/14 partially-certified Hydrocodone/APAP 7.5/300MG #60--modified to 1 month supply for weaning. The decision to modify this treatment was based on CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12/5/14 Docusate sodium 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH00000991> and Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-78.

Decision rationale: The patient presents with pain and weakness in both of his extremities and left shoulder. The request is for Docusate Sodium 100MG #60. The patient is currently taking Hydrocodone, Lidoderm patch, Diclofenac, Xanax and Colace. The patient has been utilizing Docusate Sodium since at least 06/09/14. MTUS Guidelines page 76 to 78 discusses prophylactic medication for constipation when opiates are used. The 12/05/14 report indicates that the patient is to continue Hydrocodone. Given the guidelines support for prophylactic use of stool softeners when opiates are used, the request is medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs - GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain -Proton pump inhibitors (PPIs)

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

Decision rationale: The patient presents with pain and weakness in both of his extremities and left shoulder. The request is for Omeprazole 20MG #60. There was no rationale provided for omeprazole in the available records. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID --e.g., NSAID + low-dose ASA--. In this case, the treater does not discuss any of the MTUS risk factors for GI events that would allow use of a PPI for prophylactic use. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The available reports did not document dyspepsia from NSAID use. The request IS NOT medically necessary.

Hydrocodone/APAP 7.5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids - On-Going Management; When to Continu.

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 pain and weakness in both of his extremities and left shoulder. The request is for Hydrocodone/APAP 7.5/300MG #60. The patient is currently taking Hydrocodone, Lidoderm patch, Diclofenac, Xanax and Colace. The patient has been utilizing Hydrocodone/APAP since at least 06/09/14. 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 4 A's --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. MTUS guidelines page 90 states that "Hydrocodone has a recommended maximum dose of 60mg/24 hours." The review of the reports shows that the treater has addressed urine drug screening on 12/05/14 that the patient was positive for opiates. The treater states the "medications help to reduce his symptoms by 85%", but there is no documentation of functional improvement. The four A's including analgesia, ADL's, side effects, and other measures of aberrant drug seeking behavior are not adequately addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request is not medically necessary.