

<b>Case Number:</b>	CM15-0114587		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	01/03/2011
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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:

The injured worker is a 56 year old female who sustained an industrial trip and fall injury on 01/03/2011. The injured worker was diagnosed with cervical spine sprain/strain, lumbar spine sprain/strain, lumbar degenerative disc disease, right shoulder impingement and anxiety. The injured worker underwent right rotator cuff repair in 2012. Treatment to date has included diagnostic testing, surgery, physical therapy, acupuncture therapy, work modifications and medications. According to the primary treating physician's progress report on May 5, 2015, the injured worker returned to modified work duties and the work station was not ergonomically correct. The injured worker is waiting for an evaluation of the work station and has not completed acupuncture therapy sessions due to her work status. The injured worker has increased arm, shoulder and cervical spine pain. The injured worker rates her pain level at 8/10 without medications and 5/10 with medications. The medications allow for 4-5 hours of pain relief. Examination of the cervical spine demonstrated tenderness to palpation of the lower cervical spine and upper trapezius. There was positive axial compression and distraction tests and decreased range of motion. The right shoulder examination revealed tenderness at the subacromial, acromioclavicular, biceps and subscapular region with decreased range of motion and positive impingement and cross arm testing. Current medications are listed as Norco, Elavil and Prilosec. Treatment plan consists of cervical traction; continue with acupuncture therapy, cervical spine magnetic resonance imaging (MRI) and right shoulder magnetic resonance arthrogram (MRA) and the current request for Norco 10/325mg and Prilosec medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg one PO BID #60:** 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, Pages 68-69. Decision based on Non-MTUS Citation ODG, Pain Chapter, Proton Pump Inhibitors (Updated 6/15/15).

**Decision rationale:** Proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Given treatment criteria outweighing risk factors, if a PPI is to be used, omeprazole (Prilosec), lansoprazole (Prevacid), and esomeprazole (Nexium) are to be considered over second-line therapy of other PPIs such as pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg one PO BID #60 is not medically necessary or appropriate.

**Norco 10/325mg one QID #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in

pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2011 without acute flare, new injury, or progressive deterioration. The Norco 10/325mg one QID #120 is not medically necessary or appropriate.