

<b>Case Number:</b>	CM15-0114809		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/21/2015
<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: Family Practice

### 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 45 year old male sustained an industrial injury on 1/15/08. He subsequently reported neck and bilateral upper extremity pain. Diagnoses include right shoulder adhesive capsulitis, cervical discogenic disease with radiculitis, left carpal tunnel release and status post right carpal tunnel release. Treatments to date include x-ray and MRI testing, carpal tunnel surgery, physical therapy and prescription pain medications. The injured worker continues to experience neck and bilateral upper extremity pain. Upon examination, there is right hand palmar tenderness. Right hand grip strength is reduced and sensation is diminished. Right shoulder exam reveals positive impingement sign, tenderness in the AC joint and reduced range of motion. Cervical exam reveals spasms and painful and decreased range of motion. Facet tenderness and tenderness to palpation over the cervicotrachezial ridge was noted. A request for Anaprox, Norco and Nexium medications was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Anaprox DS 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): 67-68.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the indications for NSAIDs, including Anaprox. In this case, it is unclear why Anaprox is under review; as the records indicate that it was certified for use in the above strength and for the number of pills requested (#60). It was certified for the time frame of 4-16-15 through 7-17-15, which is the correct time frame for the request. It appears that this medication was erroneously considered as having been noncertified. In summary, the records indicate that Anaprox was certified in the dose and amount and for the time frame requested. Therefore, there is no need to reassess this request. In the Utilization Review process, Anaprox was medically necessary.

**1 prescription of 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 Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Further treatment with Norco is not

considered as medically necessary. In the Utilization Review process, the request was modified to provide an amount of Norco to allow for weaning. This action is consistent with the above cited MTUS guidelines. The request is not medically necessary.

**1 prescription of Nexium 40mg #30: Upheld**

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, including Nexium, as a treatment modality. In general, PPIs are used to lower the risk of an adverse gastrointestinal event, in those deemed to be at risk. Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardio-protection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. In this case, the records do not indicate that the patient is at substantial risk of a gastrointestinal event; such as a gastrointestinal bleed or ulcer. The patient does not have any of the significant risk factors. For this reason, a PPI such as Nexium is not medically necessary.