

<b>Case Number:</b>	CM15-0116806		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: New York

Certification(s)/Specialty: Pediatrics, 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 injured worker is a 55 year old female who sustained an industrial injury on 06/05/2002. Current diagnoses include lumbago, pain in limb, lumbosacral radiculopathy, and shoulder impingement. Previous treatments included medications, injections, physical therapy, lumbar fusion on 07/13/2007, aquatic therapy, and hardware removal in 2009. Initial injuries occurred to the neck, bilateral shoulders, and low back when she fell off of a box. Report dated 05/28/2015 noted that the injured worker presented with complaints that included pain in the cervical and lumbar region, and bilateral shoulders. Pain level was not included. Physical examination was positive for decreased range of motion in the cervical and lumbar spine with spasm, tenderness, and guarding. Physical examination of the bilateral shoulders revealed decreased range of motion with positive impingement signs. The treatment plan included prescribing Anaprox, Ducoprene, Flexeril, Norco, and Prilosec. It was noted that the injured worker can do modified work with restrictions. Disputed treatments include Norco and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for the use of opioids, Opioids-long-term assessment, and Opioids specific drug list Page(s): 74, 76-82, 88-90, and 91.

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The documentation submitted for review did not include an evaluation of the injured workers pain level with use of the medication, nor did it include an evaluation of how this medication helped to improve functionality. Therefore the request for Norco 5/325 mg, #60 is not medically necessary.

**Prilosec 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** According to the California MTUS chronic pain medical treatment guidelines recommend specific guidelines for prescribing proton pump inhibitors (PPI). PPI's are recommended when patients are identified to have certain risks with the use of NSAID's. The documentation provided did not indicate that the injured worker had gastrointestinal complaints, nor did it indicate that the injured worker had cardiovascular disease. Therefore the request for Prilosec 20 mg, #60 is not medically necessary.