

Case Number:	CM15-0117104		
Date Assigned:	06/25/2015	Date of Injury:	06/05/2009
Decision Date:	07/28/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	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: Texas, New York, 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 applicant is a represented 42-year-old who has filed a claim for chronic neck, elbow, and shoulder pain reportedly associated with an industrial injury of June 5, 2009. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve requests for Norco and Prilosec. The claims administrator referenced an April 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant's pain management physician stated that the applicant had undergone multiple cervical epidural steroid injections but still had residual complaints of neck pain radiating to the upper extremities. Ancillary complaints of ankle pain were reported. 6/10 pain with medications versus 10/10 pain without medications was reported. The applicant was on Percocet, Neurontin, Ativan, Robaxin, Relafen, Prilosec, and multiple topical compounded agents, it was reported. Epidural steroid injection therapy was sought. The applicant's work status was not outlined. On April 27, 2015, the applicant reported ongoing complaints of neck, upper extremity, foot, and ankle pain. The note was very difficult to follow and mingled historical issues with current issues. The applicant reported 9/10 pain with medications versus 10/10 pain without medications. One section of the note stated that the applicant was pending ankle surgery, while other section of the note stated that the applicant was status post ankle surgery. The applicant was on Percocet, Neurontin, Ativan, Robaxin, Relafen, Prilosec, Lidoderm, and several topical compounded agents. Multiple medications were renewed, while repeat cervical epidural steroid injection therapy was proposed. The applicant's work status was not outlined, although it did not appear that the applicant was working. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on April 27, 2015, suggesting that the applicant was not, in fact, working. The attending provider failed to outline meaningful or material improvements in function effected as a result of ongoing Norco usage (if any) on that date. The attending provider's reports of reduction in pain score from 10/10 without medications to 9/10 with medications appeared marginal to minimal and were outweighed by the attending provider's failure to outline the applicant's work status or outline meaningful or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Prilosec 20mg #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 & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone, on the April 27, 2015 progress note in question. Therefore, the request was not medically necessary.