

Case Number:	CM15-0117437		
Date Assigned:	06/25/2015	Date of Injury:	06/21/2004
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained an industrial injury on 6/21/04. She reported complaints of pain in her neck, low, back and bilateral upper extremities. Progress note dated 4/23/15 reported follow up for right wrist and right shoulder. She has tenderness along the right shoulder, rotator cuff and biceps tendon and right wrist. Diagnoses include bilateral carpal tunnel syndrome status post right-sided release with persistent symptoms, impingement syndrome of the right shoulder with partial tear of the supraspinatus and subacromial-subdeltoid bursitis, waiting for a surgical repair, low back pain with referred pain in the legs with diagnosis of left L4 radiculopathy and cervical pain. She is not currently working. Plan of care includes: avoid overhead reaching and forceful pushing, pulling, and lifting, received Norco for moderate to severe pain will increase dose as needed after physical therapy is completed which she has not started yet. Request authorization for medications; Norco 10/325 mg #90, Naproxen 550 mg #60, Flexeril 7.5 mg #60 and Protonix 20mg #60. Return for follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant sustained a work injury in June 2004 and is being treated for chronic right upper extremity pain. She underwent right hand surgery in November 2014. When seen, Norco had been prescribed since February 2015, initially at 30 tablets per month. There was cervical and lumbar spine tenderness with rotator cuff and right thumb tenderness. Her Norco does was increased, now two 100 tablets per month. Naprosyn and Protonix were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication has provided decreased pain, increased level of function, or improved quality of life despite dose increases. Pain scores are not being documented. Continued prescribing was not medically necessary.

Protonix 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p 68-71.

Decision rationale: The claimant sustained a work injury in June 2004 and is being treated for chronic right upper extremity pain. She underwent right hand surgery in November 2014. When seen, Norco had been prescribed since February 2015, initially at 30 tablets per month. There was cervical and lumbar spine tenderness with rotator cuff and right thumb tenderness. Her Norco does was increased, now two 100 tablets per month. Naprosyn and Protonix were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Protonix was not medically necessary.