

Case Number:	CM15-0061076		
Date Assigned:	04/07/2015	Date of Injury:	10/08/2012
Decision Date:	05/06/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	03/31/2015

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 48 year old male, who sustained an industrial injury on 10/08/2012. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical radiculopathy, anxiety, tear of TFCC and common extensor tendon of the right wrist and right elbow, right shoulder rotator cuff tear, status post right shoulder surgery 11/29/14. Treatments to date include wrist brace, rest, activity modification, physical therapy, and medication therapy. Currently, they complained right shoulder pain rated 8/10 VAS without medication and 5/10 VAS with medications. On 3/18/15, the physical examination documented well-healed incision over right shoulder with decreased range of motion. The plan of care included additional post-operative physical therapy and continuation of medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10/325mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for right shoulder pain. Medications are referenced as decreasing pain from 8/10 to 5/10. Anaprox is being prescribed. The requesting provider documents dyspepsia due to the claimant's medications. The claimant is also taking Norco at a total MED (morphine equivalent dose) of 40 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, the claimant is expected to have somewhat predictable activity related breakthrough pain (i.e. incident pain) when using his right upper extremity consistent with his history of injury and surgery. 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. There are no identified issues of abuse or addiction. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.

60 tablets of Protonix 20mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Acute & Chronic) chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p73 Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in October 2012 and continues to be treated for right shoulder pain. Medications are referenced as decreasing pain from 8/10 to 5/10. Anaprox is being prescribed. The requesting provider documents dyspepsia due to the claimant's medications. The claimant is also taking Norco at a total MED (morphine equivalent dose) of 40 mg per day. Guidelines recommend consideration of a proton pump inhibitor such as Protonix for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Anaprox at the recommended dose and has medication induced dyspepsia. Therefore, the requested Protonix was medically necessary.