

Case Number:	CM15-0077626		
Date Assigned:	04/29/2015	Date of Injury:	12/03/2013
Decision Date:	05/28/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/23/2015

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 50-year-old who has filed a claim for chronic hand, wrist, and forearm pain reportedly associated with an industrial injury of December 3, 2013. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for Norco and Prilosec. The claims administrator referenced progress notes of March 26, 2015, February 13, 2015, and December 2, 2014 in its determination. The applicant's attorney subsequently appealed. On February 13, 2015, Norco and urine drug testing were endorsed. The applicant was placed off of work, on total temporary disability, owing to ongoing complaints of hand and wrist pain status post earlier ORIF surgery of the wrist. The applicant also reported ancillary complaints of shoulder pain, elbow pain, and low back pain. The applicant was asked to continue Norco, Prilosec, and Relafen. Preprinted checkboxes were employed in the decision to renew and/or continue the medications in question. The attending provider stated that the applicant's ability to perform unspecified activities of daily living improved as a result of ongoing medication consumption. The attending provider stated that the applicant's pain scores had been reduced to 7 to 8/10 without medications to 3-4/10 with medications. The applicant's gastrointestinal review of systems was positive for heartburn, it was reported. On March 20, 2015, the applicant was, once again, placed off of work, on total temporary disability, for an additional six weeks, owing to multifocal complaints of shoulder, elbow, and wrist pain. Activities of daily living such as lifting, bending, stooping remain problematic, it was reported. Norco, Relafen, and Prilosec were endorsed while the applicant was kept off of work. The attending provider again stated that the applicant's pain scores had been reduced from 8/10

without medications to 4/10 with medications and that the applicant's ability to perform unspecified activities of daily living had likewise been ameliorated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

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

Decision rationale: No, 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 effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on multiple progress notes of earlier 2015. While the attending provider recount some reported reduction in pain scores from 8/10 to 4/10 with medications, these were, however, outweighed by the applicant's failure to return to the work, and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage. The attending provider's continued commentary to the effect that the applicant's having difficulty performing activities of daily living as basic as gripping, grasping, lifting, bending, coupled with the applicant's failure to return to work, did not make a compelling case of continuation of opioid therapy with Norco and outweighed the subjective reports of a diminution in pain scores effected as a result ongoing medication consumption. Therefore, the request is not medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Conversely, the request for Prilosec, a proton-pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia. Here, the attending provider did report on February 15, 2015, the applicant had reported issues with heartburn in the review of systems section of the note, presumably induced as a result of ongoing Relafen usage. Usage of Prilosec, thus, was indicated to combat issues with Relafen-induced dyspepsia. Therefore, the request is medically necessary.

