

Case Number:	CM15-0090525		
Date Assigned:	05/14/2015	Date of Injury:	06/25/2002
Decision Date:	06/17/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/11/2015

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 68-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 24, 2002. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve requests for Norco and Nexium. A RFA form received on April 29, 2015 was referenced in the determination. The full text of the UR report was not seemingly attached to the application, it was incidentally noted. On December 15, 2010, the applicant reported ongoing complaints of shoulder pain, exacerbated by lifting and flexing. The applicant was using three Vicodin daily. The applicant had developed issues with depression. The applicant was off of work. The applicant was also using Lexapro, it was incidentally noted. Both Vicodin and Lexapro were refilled. The applicant's permanent work restrictions were likewise renewed, although it was acknowledged that the applicant was not working with said limitations in place. On August 31, 2014, the applicant was given a refill of Norco which the applicant was reportedly using at a rate of three times daily. On March 3, 2015, the applicant reported ongoing complaints of shoulder pain, 5-6/10. The attending provider stated that various treatments which the applicant had received over the course of the claim, including physical therapy, massage therapy, manipulation, acupuncture, medications, and the like have produced only partial and/or fleeting pain relief. Drug testing, Celebrex, Lyrica, Nexium, Lipitor, Zestril, Norco, and Lexapro were all renewed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working on this occasion. Little-to-no discussion of medication efficacy transpired. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia. On January 6, 2015, the

applicant received refills of Lexapro, Celebrex, and a topical compounded cream. On December 19, 2014, the attending provider noted that the applicant did have a history of having used multiple illicit substances, including marijuana, methamphetamine, and cocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 achieved as a result of the same. Here, however, the applicant was off of work, it was suggested in several progress notes, referenced above. The applicant was not working with permanent limitations in place, the treating provider explicitly noted on at least one occasion, above. The attending provider likewise failed to outline any quantifiable decrements in pain or meaningful, material improvements in function (if any) as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Nexium 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for Nexium, 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 Nexium 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, in multiple progress notes referenced above. The attending provider likewise did not state whether or not Nexium had proven effective for whatever purpose it was being employed. Therefore, the request was not medically necessary.

