

Case Number:	CM15-0092102		
Date Assigned:	05/18/2015	Date of Injury:	02/15/2001
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 70 year old female, who sustained an industrial injury on 02/15/2001. She has reported subsequent low back, neck, lower extremity and right shoulder pain and was diagnosed with lumbago, displacement of cervical intervertebral disc, brachial neuritis or radiculitis and sciatica. Treatment to date has included oral pain medication and a home exercise program. In a progress note dated 04/21/2015, the injured worker complained of low back, neck, right shoulder and right hip pain. Objective findings were notable for bilateral trapezius spasm, tenderness to palpation of the trapezius, tenderness to palpation of lumbar spinous processes, significant bilateral paraspinal and right lumbar muscle spasms and severe tenderness to palpation and decreased range of motion of the right shoulder. A request for authorization of Esomeprazole, Naprosyn and Norco was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esomeprazole 40 mg #30 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2001 and continues to be treated for neck, low back, right shoulder, and right hip pain. Medications are referenced as decreasing pain from 7/10 to 5/10 with improved activity tolerance and as allowing her to maintain a home exercise program. When seen, she was having difficulty sleeping. Physical examination findings included decreased lumbar spine range of motion with muscle spasm and tenderness. There was decreased right shoulder range of motion. She had right sacroiliac joint tenderness. There was decreased cervical spine range of motion with trapezius muscle spasms and tenderness. Medications being prescribed included Norco and Hysingla at a total MED (morphine equivalent dose) 30 mg per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is over age 65 and taking a nonselective non-steroidal anti-inflammatory medication. In this clinical scenario, the prescribing of a proton pump inhibitor such as esomeprazole is medically necessary.

Naprosyn 500 mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2001 and continues to be treated for neck, low back, right shoulder, and right hip pain. Medications are referenced as decreasing pain from 7/10 to 5/10 with improved activity tolerance and as allowing her to maintain a home exercise program. When seen, she was having difficulty sleeping. Physical examination findings included decreased lumbar spine range of motion with muscle spasm and tenderness. There was decreased right shoulder range of motion. She had right sacroiliac joint tenderness. There was decreased cervical spine range of motion with trapezius muscle spasms and tenderness. Medications being prescribed included Norco and Hysingla at a total MED (morphine equivalent dose) 30 mg per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and is therefore medically necessary.

Norco 5/325 mg #60: Overturned

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in February 2001 and continues to be treated for neck, low back, right shoulder, and right hip pain. Medications are referenced as decreasing pain from 7/10 to 5/10 with improved activity tolerance and as allowing her to maintain a home exercise program. When seen, she was having difficulty sleeping. Physical examination findings included decreased lumbar spine range of motion with muscle spasm and tenderness. There was decreased right shoulder range of motion. She had right sacroiliac joint tenderness. There was decreased cervical spine range of motion with trapezius muscle spasms and tenderness. Medications being prescribed included Norco and Hysingla at a total MED (morphine equivalent dose) 30 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. 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 and medications are providing pain control and improved function. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco is medically necessary.