

Case Number:	CM15-0094696		
Date Assigned:	05/20/2015	Date of Injury:	11/01/2008
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old female, who sustained an industrial/work injury on 11/1/08. She reported initial complaints of neck pain and radicular symptoms in the upper extremities. The injured worker was diagnosed as having s/p right shoulder arthroscopy (6/8/13), herniated cervical/lumbar disc with radiculitis, left shoulder tendinitis/impingement. Treatment to date has included medication and diagnostic testing. Currently, the injured worker complains of neck pain with radicular symptoms into the left arm that are aggravated with overhead reaching. Per the primary physician's progress report (PR-2) on 4/1/15, examination revealed decreased range of motion to the cervical region, positive foraminal compression test, positive Spurling's test, tightness and spasms in the trapezius, sternocleidomastoid, and straps muscle, decreased left shoulder range of motion with positive impingement test. Current plan of care included cardiology follow up and medication refill. The requested treatments include Prilosec 20 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #120, one daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: The 66-year-old patient complains of neck pain radiating to the left arm, and left shoulder pain, as per progress report dated 04/01/15. The request is for Prilosec 20 mg # 120, one daily. No RFA could be found for this case. The patient's date of injury is 11/01/08. The patient is status post right shoulder arthroscopic surgery on 06/08/13, as per progress report dated 04/01/15. Diagnoses included herniated cervical disc with radiculitis, herniated lumbar disc with radiculitis, left shoulder tendinitis impingement, right ankle strain, bilateral carpal tunnel syndrome, midback strain, anxiety, depression, diabetes mellitus, and high blood pressure. Medications include Norco and Prilosec. The patient is permanently partially disabled, as per the same progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec is first noted in progress report dated 10/08/14, and the patient has been taking the medication consistently at least since then "to protect gastric mucosa." Although the patient is over 65 years of age, there is no indication of chronic NSAID therapy or medication-induced gastritis. The treating physician does not provide the patient's GI risk assessment as well. Hence, the request for Prilosec is not medically necessary.

Norco 10/325mg #120 every 4-6 hours for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: The 66-year-old patient complains of neck pain radiating to the left arm, and left shoulder pain, as per progress report dated 04/01/15. The request is for NORCO 10/325 mg #120. No RFA could be found for this case. The patient's date of injury is 11/01/08. The patient is status post right shoulder arthroscopic surgery on 06/08/13, as per progress report dated 04/01/15. Diagnoses included herniated cervical disc with radiculitis, herniated lumbar disc with radiculitis, left shoulder tendinitis impingement, right ankle strain, bilateral carpal tunnel syndrome, midback strain, anxiety, depression, diabetes mellitus, and high blood pressure. Medications include Norco and Prilosec. The patient is permanently partially disabled, as per the same progress report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the use of Norco is only documented in progress report dated 04/01/15. It is not clear, if this is the first prescription for Norco or if the patient has taken the medication in the past. The treating physician, however, does not use a validated instrument to document reduction in pain nor does the treater provide specific examples that demonstrate an improvement in function. No CURES and UDS reports are available for review. There is no discussion regarding side effects of Norco

as well. MTUS guidelines require a clear discussion regarding the 4A's, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request is not medically necessary.