

Case Number:	CM13-0017186		
Date Assigned:	10/11/2013	Date of Injury:	12/12/2008
Decision Date:	01/06/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in occupational medicine, and is licensed to practice in California. 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 physician 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/services.

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 patient is a represented [REDACTED] employee, who has filed a claim for chronic neck pain, chronic shoulder pain, and chronic bilateral wrist pain reportedly associated with an industrial injury of December 12, 2008. Thus far, the patient has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; shoulder extracorporeal shockwave therapy; attorney representation; unspecified amounts of physical therapy; prior left wrist de Quervain's wrist surgery; subsequent diagnosis of bilateral CMC joint osteoarthritis; extensive periods of time off of work on total temporary disability. In a utilization review report of August 21, 2013, the claims administrator denied a request for Norco and Prilosec. No rationale is attached to the denial. An August 27, 2013 clinical progress note is notable for comments that patient reports right hand and right wrist pain. The patient is attending physical therapy. The patient is on Norco and Naprosyn for pain relief. The patient states that medications are causing gastritis and is using Prilosec to treat the same. A well healed incision is noted about the base of the right thumb with associated swelling, tenderness, and limited range of motion. Recommendation is made for the patient to continue Prilosec, Naprosyn and Norco. The attending provider states that he believes the medications will alleviate the patient's pain and improve function. Despite writing that he believes that the patient's function will improve through medication usage, the patient is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325: 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 Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, there is no clear evidence that the applicant meets any of the afformentioned criteria. Despite ongoing usage of opioids, the applicant still reports severe pain. The employee has failed to return to any form of work. The employee remains off of work, on total temporary disability, several years removed from the date of injury. Finally, while the attending provider writes that he believes that usage of Norco will result in improved function, the physician does not specifically detail what function or functions have been improved as a result of Norco usage. Therefore, on balance, it does not appear that criteria for continuation of opioid therapy have been met. The request for Norco 10/325 is not medically necessary and appropriate.

Omeprazole (Prilosec): Overturned

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 Page(s): 80.

Decision rationale: The Physician Reviewer's decision rationale: According to the Chronic Pain Medical Treatment Guidelines, proton pump inhibitor such as omeprazole are indicated in the treatment of NSAID-Induced dyspepsia. In this case, the attending provider states that the applicant is suffering from medication-induced gastritis. Omeprazole or Prilosec is indicated in the treatment of same. Therefore, the original utilization review decision is overturned. The request for Omeprazole (Prilosec) is medically necessary and appropriate.