

<b>Case Number:</b>	CM14-0140250		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	01/09/1998
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Family 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old woman with a date of injury of Jan 9, 1998 who has severe pain in the wrist, upper extremity, neck, and shoulder. Her exam is notable for weakness, positive Tinel's, positive Phalen's, muscle spasm, and restricted range of motion. She was prescribed medications, physical therapy, modified duty, and an ergonomic evaluation of her workstation. A urine drug screen was performed showing her prescribed medications were not being taken.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 75, 91.

**Decision rationale:** Norco is Hydrocodone with Acetaminophen, and is indicated for moderate to moderately severe pain. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with Acetaminophen, aspirin, and nonsteroidal anti-inflammatory drugs (as suggested by the World

Health Organization step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period. There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell-Annals, 2007). This injured worker has chronic musculoskeletal pain and has been prescribed opioids. However, there is no evidence that her pain has been lessened, that her functionality has improved, that her medications have been decreased, and that her ability to work has increased. The request is not medically necessary.

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, Naprosyn is addressed for its analgesic/anti-inflammatory effects. This injured worker has chronic and diffuse musculoskeletal complaints since 1998 and this medication is an appropriate choice for analgesia. However, there is no evidence that her pain has been lessened, that her functionality has improved, that her medications have been decreased, and that her ability to work has increased. The request is not medically necessary.

**Prilosec 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Prilosec is Omeprazole, a proton pump inhibitor. Per Chronic Pain Medical Treatment Guidelines, workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective nonsteroidal anti-inflammatory drugs with either a proton pump inhibitor (For example, 20 mg Omeprazole daily or Misoprostol four times daily) or (2) a Cox-2 selective agent. This injured worker has chronic and diffuse musculoskeletal complaints since 1998 but there is no documented history of gastrointestinal problems and no evidence of medication-induced gastro-esophageal reflux disease. Therefore, the request is not medically necessary.