

<b>Case Number:</b>	CM13-0008008		
<b>Date Assigned:</b>	09/09/2013	<b>Date of Injury:</b>	11/10/2003
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2013

### 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 Family Practice, and is licensed to practice in Texas. 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. 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 patient is a 35-year-old male who reported an injury on 11/10/2003. The injury was noted to have occurred when the patient was attempting to catch a rolling scaffold. His diagnoses include degenerative disc disease of the lumbar spine, chronic pain, and lumbar stenosis with radiculopathy. His medications are noted to include omeprazole 20 mg and hydrocodone/APAP 10/325 mg. It was noted that the patient's medication alternatives, side effects, and potential complications of his medications were discussed, and the patient expressed understanding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg:** 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that for patients taking opioid medications, ongoing review and detailed documentation regarding the patient's pain relief, functional status, medication use, and the 4 A's for ongoing monitoring are required. The 4 A's include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking

behaviors. The clinical information submitted for review fails to address whether the patient has efficient pain relief with the use of his opioid medications, whether he has any significant side effects, whether his functional status has improved on the medication, and whether there have been any issues of aberrant drug-taking behaviors. In the absence of this detailed documentation required by the guidelines, the request is not supported.

**Omeprazole 20mg:** 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 Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S, Gastrointestinal (GI). symptoms & cardiovascul.

**Decision rationale:** The California MTUS Guidelines state that patients taking NSAID medications who have been shown to have cardiovascular disease or risk for gastrointestinal events should take a proton pump inhibitor. The patient's medication list failed to include an NSAID medication. Additionally, there was no documentation as to the reason the patient requires the omeprazole. In the absence of use of an NSAID medication and details regarding the patient's prescription, the request is not supported.