

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0009753 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 12/11/2007 |
| <b>Decision Date:</b> | 01/30/2014   | <b>UR Denial Date:</b>       | 07/31/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2013 |

### 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 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. 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's date of injury was 12/11/07. Her diagnoses are right knee osteoarthritis and pain in the right lower leg. The patient had patellofemoral arthroplasty on 12/27/11. In addition, she has left shoulder pain and has had arthroscopic subacromial decompression surgery with distal clavicle resection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for prescription of Hydrocodone/APAP 10-325MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-79.

**Decision rationale:** Hydrocodone is a short acting opioid used to treat pain. It is available compounded with acetaminophen in varying strengths. There were no medical records or encounter data received from the Claims Administrator since mid-2012. As a result, it is not possible to assess any recent rationale or medical indication for the use of hydrocodone with APAP for this patient. Based on the documentation, hydrocodone with APAP is non-certified.

**Request for prescription of Pantoprazole #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69..

**Decision rationale:** Pantoprazole is a proton pump inhibitor (PPI), which may be indicated in patients taking a NSAID medication to prevent gastrointestinal side effects and complications. There were no medical records or encounter data received from the Claims Administrator since mid-2012. As a result, it is not possible to assess any recent rationale or medical indication for the use of a PPI drug for this patient. Based on the documentation on this case, pantoprazole is non-certified.

**Request for prescription of Cyclobenzaprine 7.5mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Cyclobenzaprine is an antispasmodic used in the short-term treatment of muscle spasm. There were no medical records or encounter data received from the Claims Administrator since mid-2012. As a result, it is not possible to assess any recent rationale or medical indication for the use of an antispasmodic drug for this patient. Cyclobenzaprine is non-certified for this patient.