

<b>Case Number:</b>	CM13-0011298		
<b>Date Assigned:</b>	09/24/2013	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Physical Medicine & Rehabilitation 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 48-year-old female, who reported an injury on 07/17/2012. The mechanism of injury is not provided for clinical review. The diagnoses included displacement of cervical intervertebral disc without myelopathy, disorder of bursa and tendons in shoulder region unspecified, osteoarthritis localized primarily involving shoulder region, right shoulder impingement syndrome, rule out carpal tunnel syndrome right wrist, right out lateral epicondylitis. The previous treatments included medications and epidural steroid injections. The diagnostic testing included an EMG/NCV. Within the clinical note dated 05/09/2013, it was reported the injured worker complained of occasional pain in her neck radiating to her right shoulder and elbow. She rated her pain 0/10 to 1/10 in severity. The injured worker complained of headaches and anxiety. Upon the physical examination, the provider noted the injured worker had tenderness to palpation over the right shoulder. Palpation indicated tenderness at the acromioclavicular joint, supraspinatus, and bicipital joint on the right. The range of motion of the shoulder was flexion of the right shoulder at 160 and left shoulder at 180 and extension left and right at 50 degrees. Injured worker had a positive Phalen's and Tinel's at the right wrist. The request submitted is for omeprazole and hydrocodone. However, a rationale is not provided for clinical review. The Request for Authorization is not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for Omeprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request for Omeprazole 20mg #60 is not medically necessary and appropriate.

**The request for Hydrocod 10/325mg #60: Upheld**

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

**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 recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request request for Hydrocod 10/325mg #60 is not medically necessary and appropriate.