

<b>Case Number:</b>	CM13-0013183		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 patient is a 56 year old male who sustained an injury on 03/12/09. No specific mechanism of injury was noted. The patient stated that he developed back pain early in 2009 while driving a bus. The patient was initially provided medications including Vicodin, Flexeril, and Ibuprofen and placed off work. The patient received epidural steroid injections and physical therapy. The patient last worked in April of 2009. The patient had substantial amount of weight loss at 200 pounds. It appeared that the patient had some type of bariatric procedure performed by [REDACTED]. It appeared that a [REDACTED] was prescribing the patient topical analgesics and Medrox patch in 12/12. The most recent evaluation was from [REDACTED] on 06/19/13. The patient continued to describe both back and shoulder pain. Physical examination from an office evaluation on 06/27/2013 revealed decreased range of motion of the lumbar spine with flexion at 30 degrees, extension at 10 degrees, right lateral flexion at 15 degrees, and left lateral flexion at 15 degrees. There was positive straight leg raising bilaterally. The claimant walked with a cane and demonstrated decreased range of motion at the right hip and decrease range of motion of both knees with flexion at 120 degrees and extension at 0 degrees. The treating provider has requested Omeprazole 20 mg #120, Norco 10/325mg #120, and Lortab 1.25mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids Page(s): 77-80, 91.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER, PROTON PUMP INHIBITORS.

**Decision rationale:** In regards to the use of Omeprazole 20mg quantity 120, this reviewer would not have recommended this medication as medically necessary based on clinical documentation submitted for review and current evidence based guidelines. There were no ongoing clinical assessments of the patient in terms of pain management noting significant side effects from oral medications including gastrointestinal upset, acid reflux, or any other clinical findings to support a diagnosis of gastroesophageal reflux disease that would support the continuing use of a proton pump inhibitor. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**NORCO 10/325MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use Page(s): 88-89.

**Decision rationale:** In regards to the request for Norco 10/325mg quantity 120, this reviewer would not have recommended this medication as medically necessary. There was insufficient evidence within the clinical documentation establishing that the patient was receiving any functional benefit or pain improvement with the continued use of narcotic medications including Norco and Lortab. No clinical documentation regarding compliance measures such as toxicology results was available for review. There were also no long term opioid risk assessments available for review which would be appropriate for this medication per guidelines. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**LORTAB 1.25MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Opioids Page(s): 77-80, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria For Use, Page(s): 88-89.

**Decision rationale:** In regards to Lortab 1.25mg quantity 120, this reviewer would not have recommended this medication as medically necessary. There was insufficient evidence within the clinical documentation establishing that the patient was receiving any functional benefit or pain improvement with the continued use of narcotic medications including Norco and Lortab.

No clinical documentation regarding compliance measures such as toxicology results was available for review. There were also no long term opioid risk assessments available for review which would be appropriate for this medication per guidelines. Medical necessity for the requested item has not been established. The requested item is not medically necessary.