

<b>Case Number:</b>	CM13-0018798		
<b>Date Assigned:</b>	10/01/2013	<b>Date of Injury:</b>	11/04/2003
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/30/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of November 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications, prior left shoulder arthroscopy; transfer of care to and from various providers in various specialties; attorney representation; and extensive periods of time off of work, on total temporary disability. In a utilization review report of November 4, 2013, the claims administrator denied requests for Norco and Prilosec. The applicant's attorney later appealed, on August 29, 2013. An earlier handwritten progress note of September 12, 2013 suggests that the applicant is apparently using Norco and Zanaflex for pain relief purposes. Limited shoulder and neck range of motion are appreciated. The applicant is asked to continue home exercises. A 15-pound lifting limitation is endorsed. The applicant is asked to follow up on a p.r.n. basis. An earlier note of August 14, 2013 is notable for comments that the applicant is depressed and using several different psychotropic medications, including Cymbalta, Zyprexa, Lunesta, and Ativan. Finally, an earlier note of August 15, 2013 is notable for comments that the applicant is still using Norco and Zanaflex for pain relief. The applicant is essentially unchanged. Norco is helping reduce his pain from 8/10 to 5-6/10. The applicant is again given a 15-pound lifting limitation. He is described as not working, however. He has apparently retired from his former occupation as a sanitation truck driver.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Hydrocodone Bit/Acet 10/325mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 120.

**Decision rationale:** As noted page 120 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected through ongoing opioid usage. In this case, the applicant seemingly meets two of three aforementioned criteria. Although he has not returned to work, he does report reduction in pain scores from 8/10 to 5/10 through ongoing opioid usage. He does report improved performance of non-work activities of daily living and increased ability to perform home exercises through Norco usage. Therefore, in balance, continuing the same is indicated. Therefore, the original utilization review decision is overturned. The request for 120 Hydrocodone Bit/Acet 10/325mg is medically necessary and appropriate.

**30 Omeprazole 20mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Pain (Chronic.)

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

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Guidelines, proton pump inhibitors such as Omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, however, there is no clear description of any signs or symptoms of reflux, dyspepsia, and/or heartburn for which omeprazole would be indicated, either NSAID induced or stand-alone. The request for 30 Omeprazole 20mg is not medically necessary and appropriate.