

<b>Case Number:</b>	CM13-0023862		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	01/23/1997
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 57-year-old male who sustained a low back and neck injury on 1/23/97. His diagnosis includes: patient's diagnoses included: a; early degeneration C56, (b)obesity, (c) lumbar disc herniation, (d) lumbar discopathy and (e) cervical dicopathy, status post C6-C7(ICD-9 722.91) .The issue presented is whether a prescription of Hydrocodone/APAP 10/ 325 mg #60, I prescription of Omeprazole 20mg #100 and one urinalysis are medically necessary. Per documentation submitted-In his most recent evaluation on May 3, 2013, he complained of moderate to severe neck pain that was characterized as 7 out of 10 on a pain scale. He also continued to experience bilateral upper extremity radiculopathy. He stated that his pain was aggravated with activities that included flexion and extension of the head and neck. He also complained of mild low back pain that was characterized as 6 out of 10 on a pain scale. The patient stated that the pain was primarily aggravated with activities of daily living. Examination of the cervical spine revealed tenderness of the trapezius musculature of the neck with some reduced range of motion. Examination of the lumbosacral spine, showed tenderness over the paraspinal musculature and also over the spinous process with reduced range of motion. Tenderness was noted over the sacroiliac joint. The patient was prescribed with all the medications that were given to him in his last visit which included Gabapentin 600mg #120 for neuropathic pain, Hydrocodone/APAP 10/325mg #60 for pain relief, and Omeprazole 20mg #100 for stomach protection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg #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): 11-12, 75 and 91.

**Decision rationale:** Hydrocodone/APAP 10/325mg #60 (Hydrocodone/APAP is a combination of a an opioid and acetaminophen) for pain and is not medically necessary per the California MTUS Guidelines. Documentation submitted indicates that has been no significant increase in function and pain in this patient therefore ongoing opioid treatment is not medically appropriate.

**Omeprazole 20 mg #100:** 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:** Omeprazole 20 mg #100 is not medically necessary per the California MTUS Guidelines. The MTUS guidelines only recommend Omeprazole (or a proton pump inhibitor) for certain patients on NSAIDs. There is no evidence patient meets these criteria from documents submitted.

**One (1) urinalysis:** 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 and 94.

**Decision rationale:** One (1) urinalysis is not medically necessary per the California MTUS Guidelines. It is not medically necessary for patient to be on opioids and therefore monitoring of urine is not medically necessary.