

<b>Case Number:</b>	CM13-0034313		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	11/04/2009
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Orthopedic Surgery 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:

This patient is a 62 year old female with complaints of left shoulder pain, bilateral wrist pain, hand pain, and thumb pain. The date of injury was 11/4/09 secondary to cumulative trauma. Examination demonstrates tenderness over left thumb carpal metacarpal joint. There is tenderness over the left shoulder acromioclavicular region with positive impingement signs. This request is for Vicodin and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg 1-2 tabs every day #60:**

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

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

**Decision rationale:** The guidelines state that Omeprazole is recommended for patients at risk for gastrointestinal events. In this case, there is no evidence suggesting that the patient is at an increased risk for gastrointestinal events. Therefore, the requested Omeprazole is not medically necessary or appropriate at this time.

**Vicodin 1 tab twice a day, as needed #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**Decision rationale:** The guidelines state that Vicodin is an opioid analgesic and is not recommend as a first-line therapy. There is a lack of evidence showing that Vicodin should be used as compared to other first line non-pharmacologic and medication options. Therefore, the requested Vicodin is not medically necessary or appropriate at this time.