

<b>Case Number:</b>	CM13-0038657		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/15/2002
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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 Anesthesiology, has a subspecialty in 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 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 51-year-old female who reported a work related injury on 12/15/2002, specific mechanism of injury not stated. The patient presents for treatment of the following diagnoses: left shoulder impingement syndrome, cervical sprain, cervical discopathy, and carpal tunnel syndrome. The clinical note dated 10/18/2013 reports the patient was seen under the care of [REDACTED]. The provider documents, upon physical exam of the patient's cervical spine, there is paraspinal muscle tenderness with spasms and tightness. The provider documented upon exam of the lumbar spine there was mild tenderness, spasms, and tightness to the paralumbar musculature. The provider documented weakness on grip strength testing. The provider documents the patient is doing well with current medication regimen. The provide requested authorization for tizanidine 4 mg, gabapentin 600 mg 1 by mouth 3 times daily, hydrocodone/APAP 10/325 mg 1 by mouth every 6 to 8 hours, ibuprofen 800 mg 1 by mouth every 6 to 8 hours, Ambien 10 mg 1 by mouth at bedtime, Colace 100mg 1 by mouth daily, FluriFlex, TGIce.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 90-91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**Decision rationale:** The current request is not supported. California MTUS Guidelines state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The provider documents the patient reports her medication regimen "is working;" however, documentation of specific quantifiable evidence of the patient's reports of efficacy are not indicated in the clinical notes reviewed, as noted by a decrease in rate of pain on a VAS and an increase in objective functionality, to support continued chronic use of this medication. Given the above the request for hydrocodone/APAP 10/325 mg #60 is not medically necessary or appropriate..

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current request is not supported. The most recent clinical notes submitted for review did not evidence the patient is continuing to utilize this medication, nor is there documentation of the patient's reports of efficacy with this medication, or that the patient has complaints of gastrointestinal events to support utilization of this medication as per the California MTUS Guidelines. Given the above, the request for omeprazole 20 mg #60 is not medically necessary or appropriate..

**Zofran 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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.

**Decision rationale:** The current request is not supported. Official Disability Guidelines indicate anti-emetics are not recommended for nausea and vomiting secondary to chronic opioid use. This medication would be recommended for acute use as noted per FDA-approved indications. The clinical notes do not evidence the patient currently presents with complaints of nausea or vomiting to support utilization of this medication for an acute length of time. Additionally, Official Disability Guidelines indicate Zofran is FDA-approved for use for nausea and vomiting secondary to chemotherapy and radiation treatment, as well as for postoperative use. Acute use

is supported for gastroenteritis. Given all the above, the request for Zofran 4 mg is not medically necessary or appropriate..