

<b>Case Number:</b>	CM13-0042681		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	08/16/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 records presented for review indicate that this 47-year-old male was reportedly injured on August 16, 2012. The mechanism of injury is noted as getting the left arm caught in a freezer latch. The most recent progress note, dated December 11, 2013, indicates that there are ongoing complaints of left arm pain and numbness in her third fourth and fifth fingers of the left-hand as well as left shoulder pain. Previous treatment with Norco controls the injured employee's pain but states that he feels overdosed when he takes it and there is an amplification of pain when the medication wears off. Current medications include Cymbalta, Lyrica, meloxicam, Depakote, and hydrocodone. The physical examination demonstrated mild crepitus of the left shoulder and tenderness to the bicipital tendon and the anterior acromioclavicular joint. There were color changes and rubor over the left upper extremity. On the palmar surface the fingers were noted to be blue and dusky with a cold temperature. There was decreased sensation over the left third, fourth and fifth fingers and a decrease left-sided grip strength. A request had been made for hydrocodone, cyclobenzaprine, nabumetone, and omeprazole was not certified in the pre-authorization process on September 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE-APAP 2.5/ 325 MG. EVERY 6-8 HOURS AS NEEDED (PRN) # 60:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 OF 127.

**Decision rationale:** Hydrocodone is a short-acting opioid. The Chronic Pain Medical Treatment Guidelines support short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee suffers from chronic pain; however, while he states that hydrocodone helps his pain that he feels worse with this medication wears off. There was also no clinical documentation of improvement in either pain or function with the current medication regimen. As such, this request for hydrocodone is not medically necessary.

**CYCLOBENZAPRINE 7.5 MG. TWICE A DAY (BID) # 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

**Decision rationale:** Flexeril (cyclobenzaprine) is a medication intended for short-term treatment of acute exacerbations of chronic low back pain. There is no mention in the attach medical record of any muscular pain exacerbations nor are there any spasms present on physical examination. Additionally as this medication is prescribed twice a day it has not been prescribed for episodic usage. For these reasons this request for Flexeril is not medically necessary.

**NABUMETONE 750 MG. TWICE PER DAY (BID) # 60:** 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 Other Medical Treatment Guideline or Medical Evidence:<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a692022.html>.

**Decision rationale:** Nabumetone is an anti-inflammatory medication indicated to be used at the lowest dose for the shortest period of time for mild to moderate pain syndromes. The most recent progress note dated, December 11, 2013, that endorses the use of this medication does not comment on its prior efficacy or side effects. For these reasons this request for nabumetone is not medically necessary.

**OMEPRAZOLE 20 MG. TWICE PER DAY (BID) # 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 OF 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, this request for omeprazole is not medically necessary.