

<b>Case Number:</b>	CM13-0045301		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/29/2010
<b>Decision Date:</b>	03/07/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Family Practice, and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 1/29/10 due to a fall of approximately 10 feet. The patient injured the low back, bilateral knees, and bilateral hands. The patient developed chronic low back pain that radiated into the lower extremities, which was managed with medications including a topical analgesic, and Hydrocodone/APAP 10/325mg. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical examination revealed painful range of motion and sensory deficits in the L4-5 dermatomes. The patient's diagnoses included L4-5 discogenic pain, bilateral carpal tunnel syndrome, bilateral grade I ankle sprains, and right knee pain following arthroscopy. The patient's treatment plan included continuation of medications and an L4-5 microscopic hemilaminectomy and discectomy procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Request for 60 Hydrocodone/APAP 10/325mg:** 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.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends that the continued use of opioids be supported by a quantitative assessment of pain relief, documentation of functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the patient is monitored for aberrant behavior with urine drug screens. However, there is no documentation that the patient has functional benefit as the result of medication usage. Additionally, the clinical documentation does not provide a quantitative assessment of the patient's pain to determine the efficacy and support continued use. As such, the request is not medically necessary or appropriate.

**Request for 100 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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend the use of a gastrointestinal protectant for patients who are at risk for gastrointestinal disturbances related to medication usage. However, the clinical documentation submitted for review does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at risk for gastrointestinal disturbances related to medication usage. Therefore, the need for this medication is not clearly established. As such, the request is not medically necessary or appropriate.