

<b>Case Number:</b>	CM13-0046836		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 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:

The patient is a 47-year-old male who reported an injury on 12/08/2006. The mechanism of injury was not provided. The patient was noted to have increased back pain rated a 7/10 on the pain scale. The patient was noted to have ongoing neck complaints rated a 5/10. The patient's diagnoses were noted to include status post removal of hardware, C5-6 and C6-7, with extension of fusion to C3-4 and C4-5 on 08/09/2012, status post microlumbar decompression L4-5 and L5-S1, lumbar radiculopathy, and lumbar stenosis. The patient was noted to be in the office for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #135:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78,91.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines states Hydrocodone/Acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of

daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's. Given the above and the lack of documentation, the request for Hydrocodone APAP 10/325 #135 is not medically necessary.

**Omeprazole 20mg #60:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 69.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommends PPI's (proton-pump inhibitor) for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of dyspepsia. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.