

<b>Case Number:</b>	CM13-0058257		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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:

This is a 47-year old male with a date of injury of 1/07/12. He was grooming a horse, when the horse got frightened and went up on his hind legs. The horse fell back, pinning the patient against a wall. He was taken to the hospital, where x-rays showed fractured ribs and a separated sternum. He also had shoulder and spine injury. He has had extensive treatment, including medications, chiropractic care, therapy, acupuncture and epidural steroid injections (ESIs) to the cervical spine. The patient has chronic pain, managed with medications. It appears that surgery has been recommended. Following the cervical ESI, he noted issues with headaches, and was evaluated by a neurologist for this. The diagnosis list includes tension/migraine headaches, shoulder bursitis, shoulder impingement, biceps tendonitis, acromioclavicular (AC) arthrosis, degenerative disc disease, cervical retrolisthesis, cervical/thoracic herniated nucleus pulposus, thoracic facet arthropathy, and canal/neuroforaminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ongoing care with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, pages 503-512.

**Decision rationale:** This patient has ongoing issues with headaches, and this appears to be the reason the patient was referred to and evaluated by this physician. The guidelines do clearly support consultation and treatment by specialists when further medical care required is beyond the scope of medical knowledge of the primary treating physician. In this case, there is no medical necessity for unspecified treatment by this physician. Therefore, the requested ongoing care with [REDACTED] is not medically necessary at this time.

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines nonsteroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-73.

**Decision rationale:** The guidelines support the use of gastrointestinal (GI) protective medications for patients at risk for GI events. This is typically associated with chronic NSAID use in industrial injury. In this case, however, the patient is not currently on NSAIDs or corticosteroids, and has no specific identified GI risk. It is clearly noted in the medical records provided that the patient suffers from acid reflux, and this began when the patient was using chronic NSAIDs. Though the patient is not currently taking NSAIDs, the acid reflux symptoms persist. Omeprazole, a proton pump inhibitor, is an appropriate medicine for this condition. Therefore, the requested omeprazole is medically necessary and appropriate.

**Hydrocodone/APAP 5/325 #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The guidelines do not support the use of chronic opioid pain medications for non-malignant pain. For patients with chronic pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. There is high risk for adverse effects and dependency issues with long-term use. While this patient did have substantial injury, he is now 2 years out from the date of injury and he should be effectively weaned from use. Ongoing use of Hydrocodone/APAP is not medically appropriate. Therefore, the requested Hydrocodone/APAP is not medically necessary or appropriate at this time.