

<b>Case Number:</b>	CM13-0063245		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/27/2008
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 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 claimant is a 49 year male injured in a work related accident April 27, 2008. The clinical records for review included a November 22, 2013 assessment by [REDACTED] who documented the claimant's diagnoses as C6-7 herniated disc, cervical discopathy, right shoulder contusion, ulnar neuropathy right, right upper extremity radiculopathy, lumbar strain, and status post right shoulder surgery. Subjectively, [REDACTED] documented the claimant's complaints of pain stating that he was basically unchanged with severe pain in the neck and radiating pain to the upper extremities. Objective findings were documented as tenderness on palpation and with lumbar range of motion and guarding. The cervical examination showed trapezial tenderness and paravertebral muscle spasm with positive Spurling's testing. The medications recommended were Norco and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE 20MG, QUANTITY 100:** Upheld

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

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

**Decision rationale:** Based on the CA MTUS Chronic Pain Medical Treatment 2009 Guidelines Omeprazole would not be indicated. The current records do not identify any gastrointestinal risk factor that would support the use of this protective proton pump inhibitor. The CA MTUS Chronic Pain Guidelines indicate that a positive gastrointestinal risk factor would need to be present before prescribing protective agents from a gastrointestinal point of view. Therefore, the request for Omeprazole is not medically necessary

**HYDROCODONE APAP 10/325, QUANTITY 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 76-80.

**Decision rationale:** Based on the CA MTUS Chronic Pain Medical Treatment Guidelines continued use of Hydrocodone is not indicated. The documentation indicates that the claimant does not have any significant benefit with the medication usage as his symptoms continue to persist despite chronic use of narcotic analgesics. The absence of documentation of significant benefit with the use of the agent fails to necessitate its continued role at this stage in the claimant's chronic course of care. The request for Hydrocodone APAP 10/325, quantity 60 is not medically necessary and appropriate.