

<b>Case Number:</b>	CM13-0066339		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/08/2006
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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:

According to the records made available for review, this is a 48-year-old male with a 12/8/06 date of injury. At the time (9/12/13) of request for authorization for Hydrocodone/APAP 10/325 mg, #135 and Omeprazole 20 mg, #60. There is documentation of subjective findings: back and neck pain with bilateral lower extremity pain and numbness. Objective findings: tenderness to palpation over the lumbar and cervical spine with spasms, limited lumbar and cervical spine range of motion, and positive slump test bilaterally. The current diagnose are: status post removal of cervical spine hardware, status post microlumbar decompression, lumbar radiculopathy, and lumbar stenosis. The treatment to date has included medications (including ongoing treatment with Norco, Soma, and Prilosec. Medical report identifies that medications help decrease pain, increase activity level, and denies side effects with medications use; and that the alternatives, risks, and potential complications of medications were discussed. Regarding Hydrocodone/Apap 10/325 mg, #135, there is no documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Regarding Omeprazole 20 mg, #60, there is no documentation of gastrointestinal (GI) disorders (gastric/duodenal ulcers, gastroesophageal reflux disease (GERD), erosive esophagitis, or patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE/APAP 10/325 MG, #135: 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): 74-80.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed, the lowest possible dose is being prescribed, and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of status post removal of cervical spine hardware, status post microlumbar decompression, lumbar radiculopathy, and lumbar stenosis. In addition, there is documentation of ongoing treatment with Norco; that medication helps decrease pain, increase activity level, and denies side effects with medications use; and that the alternatives, risks, and potential complications of medication were discussed. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; and the lowest possible dose is being prescribed. In addition, despite documentation that medication helps decrease pain and increase activity level, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/Apap 10/325 mg, #135 is not medically necessary.

**OMEPRAZOLE 20 MG, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), gastrointestinal (GI) symptoms & cardiovascular. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official

Disability Guidelines (ODG) identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Protonix. Within the medical information available for review, there is documentation of diagnoses of status post removal of cervical spine hardware, status post microlumbar decompression, lumbar radiculopathy, and lumbar stenosis. In addition, there is documentation of ongoing treatment with Prilosec. However, there is no documentation of GI disorders (gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg, #60 is not medically necessary.