

<b>Case Number:</b>	CM14-0008558		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	07/09/2007
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 9, 2007. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, prior lumbar spine surgery, prior cervical spine surgery and muscle relaxants. In a Utilization Review Report dated January 3, 2014, the claims administrator seemingly denied request for Methocarbamol, Omeprazole, and Norco. The applicant's attorney subsequently appealed. A progress note dated January 24, 2014 is notable for comments that the applicant reported persistent complaints of low back pain, headaches, and neck pain. The applicant exhibited an antalgic gait. The applicant was given diagnosis of failed lumbar fusion surgery. The applicant was asked to obtain a walker. The applicant was described as using a variety of medications, including Norco, Lyrica, Cymbalta, Omeprazole, Robaxin, and Celebrex. There was no discussion of efficacy. There was no discussion of reflux or heartburn on the review of systems section. An earlier note of December 27, 2013 was again notable for comments that the applicant was reporting persistent, chronic low back pain. The applicant stated that his walker was breaking down and that he needed a replacement walker. The applicant had comorbidities including hypertension and diabetes. The applicant was on Norco, Lyrica, Cymbalta, Omeprazole, Robaxin, and Celebrex, it was stated on that occasion. Several agents were refilled. Again, there was no mention of efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HYDROCODONE 10/325 MG # 180/22 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS ONGOING MANAGEMENT Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

**Decision rationale:** As noted on page 80 of the California MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, there is no evidence that the applicant has improved in terms of the aforementioned parameters as a result of ongoing Norco usage. The applicant appears to have significant difficulty even with basic activities of daily living, such as ambulating, and requires walker to move about, despite ongoing usage of Norco. There was no discussion of efficacy or analgesia achieved as a result of ongoing Norco usage on either recent progress note in question. Therefore, the request for Norco was not medically necessary.

**METHOCARBAMOL 750 MG #30/30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**Decision rationale:** As noted on page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Methocarbamol are recommended for short-term exacerbations of chronic low back pain. They are not recommended for chronic, long-term, daily, and/or scheduled use purposes for which they are being proposed here. It is further noted that, as with the other drugs, the attending provider has not established the presence of functional improvement as defined in California MTUS 972.20f despite ongoing usage of Methocarbamol. The applicant does not appear to have returned to work. The applicant's pain complaints are seemingly heightened as opposed to reduced. The applicant remains highly reliant on a variety of analgesic and adjuvant medications. All of the above, taken together, imply a lack of functional improvement as defined in California MTUS 9792.20f, despite ongoing usage of Methocarbamol. Therefore, the request is not medically necessary.

**OMEPRAZOLE 20 MG #30/30 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications and Gastrointestinal Symptoms Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, AND CARDIOVASCULAR RISK Page(s): 69.

**Decision rationale:** While page 69 of the California MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of dyspepsia, reflux, and/or heartburn raised on either progress note in question. Therefore, the request for Omeprazole is not medically necessary.