

<b>Case Number:</b>	CM14-0101444		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 Pain Management 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 injured worker is a 33 year old male with a date of injury on January 21, 2013. He has history of (a) cervical spine herniated nucleus pulposus, (b) cervical radiculopathy, (c) lumbar spine sprain and strain, and (d) possible lumbar spine radiculopathy. Per records dated June 6, 2014, the injured worker returned to his provider for a followup visit regarding right neck, right upper extremity, low back, and left lower extremity complaints. He reported that he was relatively unchanged since his last visit. He also stated that his activities were limited due to pain and has gained weight. He reported slight stomach pain with the use of Norco but his medications helped decrease his pain by about 40-50% which allowed him to increase his walking distance by 10-15 minutes. He also reported taking Ambien at bed time. He reported numbness and tingling sensation in his right arm to his elbow and sometimes to his finger. He also has numbness and tingling sensation in his left leg to his toes. He rated his low back pain as 6/10 and 6-7/10 for his neck. He also noted persistent headaches in the posterior neck region. He has completed 10 sessions of physical therapy that provided minimal pain relief. He has had right shoulder anterior cervical discectomy on July 8, 2013. On examination, he has tenderness in his right cervical region and right paraspinal musculature. His low back has diffuse tenderness. Range of motion of the cervical spine and lumbar spine was decreased in all planes. Sensation was decreased in the right C5, C6, C7 and C8 dermatomes as well as left L4 and S1 dermatomes. He has 4+/5 strength in his right deltoids, biceps, wrist extensors, wrist flexors, and triceps which was somewhat limited to right shoulder pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-going Management/Specific Drug List) Page(s): 78-80, 9.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids, When to Continue Opioids Page(s): 78, 80.

**Decision rationale:** According to evidence-based guidelines, the usage of opioids in the long term is not recommended. However, if it is to be used in the long-term the clinical presentation of the injured worker should be able to satisfy the criteria for ongoing or continued opioid pain management this includes documentation of significant decrease in pain levels as well as increase in significant functional activities. In this case, the injured worker's records indicate that he has been utilizing Norco in the long-term with alleged 50% improvement however records indicate his pain levels consistently remained at 6-7/10 with no indication of the minimal pain levels achieved through Norco's usage. The only functional improvement was improved walking distance by 10-15 minutes. No other significant functional improvements were noted. The injured worker is also noted that he last worked in January 2013. Based on this information, the clinical presentation of the injured worker does not satisfy the requirements indicated by evidence-based guidelines and therefore, the requested medication is not considered medically necessary.

**Omeprazole 20mg, capsules #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Updated 06/10/14), Proton Pump Inhibitors (PPIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton Pump Inhibitors (PPIs)

**Decision rationale:** According to evidence-based guidelines, Prilosec (omeprazole) is indicated for use for patients at risk for gastrointestinal events. In this case, the injured worker is noted to be experiencing gastritis secondary to Norco's usage. However, Prilosec is available as an over-the-counter product and can be purchased on his own. Therefore, the requested Omeprazole 20 mg capsules #60 is not considered medically necessary.