

<b>Case Number:</b>	CM14-0014093		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	04/27/2008
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 patient is a 50-year-old male who has submitted a claim for C6-C7 herniated nucleus pulposus, cervical multilevel discopathy, right shoulder contusion, right ulnar neuropathy, possible upper extremity radiculopathy, lumbar sprain/strain syndrome, status post right shoulder surgery associated with an industrial injury date of April 27, 2008. Medical records from 2013 were reviewed. The patient complained of severe neck pain, grade 8/10 in severity. There were severe spasm, shooting and stabbing sensation all throughout the neck. The pain was radiating to the upper extremities. He also experiences mild to moderate low back pain with mild radiation to the lower extremities. Physical examination of the cervical spine showed tenderness over the trapezius muscle and paracervical musculature. There is also audible crepitation on flexion and extension of the cervical spine. Foraminal compression was positive. He had significant reduction in cervical flexion and extension. Spurling's maneuver and compression test were positive. Suboccipital tenderness was noted. For the lumbosacral spine, there was tenderness over the paralumbar musculature. There was mild guarding on flexion and extension of the low back. Mild guarding on palpation of the gluteal muscles was noted as well. Sciatic stretch sign and straight leg raise test were positive bilaterally. Imaging studies were not made available. Treatment to date has included medications, home exercise program, activity modification, cervical epidural steroid injection, and right shoulder surgery. Utilization review, dated January 21, 2014, modified the request for Hydrocodone/APAP 10/325mg #60 to Hydrocodone/APAP 10/325mg #30 to initiate a weaning process since the documentation failed to establish improved function and/or reduced pain. The request for Omeprazole 20mg #60 was also modified to Omeprazole 20mg #20 because even though the patient reported dyspepsia secondary to opioid therapy, partial certification was also given since the requested Hydrocodone/APAP was partially certified to initiate a weaning process.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **HYDROCODONE/APAP 10/325MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

**Decision rationale:** Page 78 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the submitted medical records show that the earliest reported date of hydrocodone/APAP use was August 2013. However, the exact date of initial intake is unknown given that the industrial injury occurred in 2008. Urine drug screening was done on October 21, 2013 showing consistent results. Progress report from December 16, 2013 cited that it provided him pain relief and allowed him to perform activities of daily living. The criteria have been met. Therefore, the request for HYDROCODONE/APAP 10/325MG #60 is medically necessary.

### **OMEPROZOLE 20MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, the earliest reported date that the patient used Omeprazole was August 2013. A progress report, dated October 14, 2013, stated that the long-term use of Hydrocodone/APAP has caused some gastrointestinal upset. PPI is a reasonable treatment option. Therefore, the request for OMEPRAZOLE 20MG #60 is medically necessary.