

<b>Case Number:</b>	CM14-0019642		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	10/21/2009
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 10/21/2009. The medication history included Prilosec 20 mg and Ultracet 37.5/325 mg as of 09/2013. The injured worker underwent urine drug screens. The documentation of 11/04/2013 revealed the injured worker had neck pain and pain radiating from her right hand up her right arm and shoulder. The diagnoses included cervical spine sprain and strain, right shoulder sprain and strain, right wrist sprain and strain, lumbar spine sprain and strain, and left hip and knee sprain and strain. The treatment plan included an EMG/NCV of the bilateral lower extremities and MRI of the right shoulder, physical therapy treatment, Norco 10/325 mg, Ultracet 37.5/325 mg and Prilosec 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRACET 37.5/MR, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and documentation of an objective decrease in pain. There should documentation the injured worker's being monitored for aberrant behavior drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation of an objective decrease in pain, and objective functional benefit received from the medication. There was documentation indicating the injured worker was being monitored for aberrant behavior drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Ultracet 37.5/MR #120 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinician should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years, a history of peptic ulcers, gastrointestinal bleeds or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or if they are using a high dose or multiple NSAIDs. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 2 months. There was a lack of documentation indicating the injured worker was at risk for gastrointestinal events. There was a lack of documented efficacy for the medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Prilosec 20 mg #60 is not medically necessary.