

<b>Case Number:</b>	CM14-0117990		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family 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 46-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, cervicalgia, associated with an industrial injury date of April 26, 2012. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/09/2014, showed neck pain radiating to the right arm and low back pain radiating to the right leg. The pain was 8/10 with analgesic medications and 10/10 without analgesic medications. The patient was unable to walk or sit on a toilet without medications. There was heartburn and constipation as side effect. Physical examination revealed restriction of lumbar spine range of motion. There was tenderness over the bilateral lumbar paraspinal muscles consistent with spasms. There was sciatic notch tenderness. There was positive lumbar facet loading maneuver bilaterally. There was positive straight leg raising test on the right in seated and supine position to 45 degrees. Bilateral knees have full range of motion. Electromyography (EMG), dated 08/19/2013, showed electrodiagnostic evidence suggestive of a lumbar radiculopathy involving L5/S1 nerve roots. There was also suggestive evidence of possible central spinal stenosis. Treatment to date has included epidural injections, physical therapy and medications such as Morphine Sulfate since at least March 2014 and Omeprazole since at least August 2013. Utilization review from 07/23/2014 denied the request for the purchase of Morphine Sulfate 15mg because there was no explanation for the use of two short-acting opioids (Norco and Morphine Sulfate). The request for the purchase of Omeprazole 20mg was modified to Omeprazole 20mg #30 because proton-pump inhibitors was necessary for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine Sulfate 15 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Morphine63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s): 78-81.

**Decision rationale:** According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Morphine Sulfate since at least March 2014 and Norco since at least 2013. The recent progress report revealed that there was no evidence of pain relief with continuous intake of the medication. Furthermore, there was no documented improvement of functional activities. Furthermore, there was no documented rationale for ongoing management for two short-acting opioids. MTUS Guidelines require strict compliance for ongoing management. Moreover, the quantity to be dispensed was not specified. Therefore, the request for Morphine Sulfate 15mg is not medically necessary.

**Omeprazole 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI and cardiovascular risk Page(s): 67.

**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 recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID). In this case, patient is on Omeprazole since at least August 2013. The medical records revealed complaints of heartburn which may necessitate a proton pump inhibitor. However, the prescribed quantity for this request was not specified. Therefore, the request for purchase of Omeprazole 20mg is not medically necessary.