

<b>Case Number:</b>	CM14-0144993		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	03/03/2012
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 28-year-old female with date of injury on March 3, 2012. She was reevaluated on May 22, 2014 with complaints of increased lumbosacral pain with daily functional tasks. As a result, she took more medication for things that were causing her any increased pain. She reported that she had to increase her intake of medications to manage her pain. She rated her pain as 8/10 without medications and 7/10 with medications. Her medications included Norco, Flexeril, Voltaren extended release, Motrin, Promolaxin, Provera, Zantac, and Antivert. On examination, she had antalgic gait. The lumbar spine examination revealed anterior pelvic tilt with increased lumbar lordosis, secondary to abdominal weakness. Motor strength of the lower extremity was also decreased secondary to pain. Tenderness was present over the sciatic notches, sacroiliac joints, and lumbosacral area with paraspinal tightness and muscle spasm. Increased pain was elicited with flexion and extension. The injured worker returned on July 17, 2014 and reported that the lumbar epidural steroid injection done on June 24, 2014 had provided her with significant relief and had resolution of her burning pain and numbness. She reported that current medications were helpful in relieving pain from 8/10 to 7/10 and improved her mobility. An additional objective finding is the decreased reflexes of the Achilles. In her follow-up visit on August 14, 2014, she reported that her pain was better. She was noted to have tightness and pain that was better managed with medications. Her medications reduced her pain level from 8/10 to 7/10. She specified that the epidural injection had provided her with more than 50 percent pain relief with less burning pain and improved mobility. There was no change in her physical examination. Her range of motion was 10 degrees extension and 50 degrees rotation. The injured worker returned for reevaluation on September 24, 2014 and reported that her pain was tolerable overall. She specified that epidural injections and chiropractic treatment had provided her with significant relief. She was able to do

more and had less flared-up pain. She was able to take less medication. She reported that her medications were helpful with her pain relief from pain level of 8/10 without medications and 7/10 with medications as well as improved mobility. Specifically, she noted that Norco allowed her to do more and be functional. On examination, the injured worker still had antalgic gait. The lumbar spine examination revealed anterior pelvic tilt with increased lumbar lordosis, secondary to abdominal weakness. Motor strength of the lower extremity was also decreased, secondary to pain. Reflexes of the bilateral Achilles were decreased. Tenderness was present over the sciatic notches and sacroiliac joints. Lumbosacral paraspinal tightness was appreciated with related muscle spasms. Range of motion was 10 degrees extension and 55 degrees rotation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS 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, Proton Pump Inhibitors

**Decision rationale:** Although the injured worker is using non-steroidal anti-inflammatory and opioid medications with common side effect of gastrointestinal disturbance, she has no gastrointestinal complaints and has no clinical findings of gastrointestinal upset to necessitate use of a proton pump inhibitor. Moreover, the injured worker is considered not at risk for gastrointestinal events to require use of omeprazole. According to the California Medical Treatment Utilization Schedule, injured workers who are at risk include (a) age > 65 years; (b) history of peptic ulcer, gastrointestinal bleeding or perforation; and (c) concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant; or (d) high dose/multiple nonsteroidal anti-inflammatory drugs. Furthermore, the Official Disability Guidelines states that proton pump inhibitors are recommended for injured workers at risk for gastrointestinal events. Therefore, the request for Omeprazole 20 mg #60 is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab),. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the Use of Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines specify that the monitoring of outcomes (analgesia, activities of daily living, adverse side effects, and

aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. There was no documentation of consistent urine drug screen. Moreover, pain assessment was incomplete with failure to show duration of relief. Furthermore, the injured worker did not demonstrate any objective and quantitative functional improvement. With all these in consideration, satisfactory response to opioid therapy was therefore not established. Hence, the request for Norco 10/325mg #60 is not medically necessary.