

<b>Case Number:</b>	CM14-0145536		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/26/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/04/2014
<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 Interventional Spine 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 59-year-old female with a date of injury of 02/26/2012. The listed diagnoses per [REDACTED] are: 1. Thoracolumbar spine sprain/strain and left sciatica. 2. Left hip contusion and mild trochanteric bursitis. 3. Left knee sprain/strain and internal derangement. 4. Right foot sprain/strain. 5. Status post left shoulder arthroscopy on 04/18/2013. 6. Left wrist contusion and volar ganglion cyst. 7. Right elbow contusion and sprain/strain. According to progress report, 08/22/2014, the patient presents with continued low back pain and left hip pain with numbness and tightness. Examination revealed tenderness upon the lumbar spine, muscle spasm, and a positive straight leg raise on the left. Range of motion was decreased on all planes with noted pain. The patient is totally temporarily disabled. Treater is requesting a refill of Prilosec 20 mg #30 with 1 refill and Norco 5 mg #60 with 1 refill. Utilization Review denied the request on 09/04/2014. Treatment reports from 03/06/2014 through 08/22/2014 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg 1tab qd #30 times 1 Refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with continued low back and left hip pain. The treater is requesting a refill of Prilosec 20 mg #30 with 1 refill. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been prescribed Prilosec since 03/06/2014. The patient has not been taking NSAID until recently when [REDACTED] prescribed naproxen on 08/22/2014. In this case, the treater does not document dyspepsia or GI issues to warrant the use of Prilosec. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The request is not medically necessary.

**Norco 5 mg prn #60 times 1 Refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 78, 88, 89.

**Decision rationale:** This patient presents with low back pain and left hip pain. The treater is requesting a refill of Norco 5 mg #60 with 1 refill. For opiate management, the MTUS Guidelines page 88 and 89 states, "Pain assessment should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior). Review of the medical file indicates the patient has been prescribed Norco since 04/18/2014. In this case, the treater provides no discussion regarding medications other than recommendation for refills. There is no pain assessment or outcome measures as required by MTUS. Furthermore, the treater does not discuss possible aberrant behaviors, side effects, and does not administer random urine drug screens for compliance as required for opiate management. Given the lack of sufficient documentation for long-term opiate use, the request is not medically necessary.