

Case Number:	CM14-0156755		
Date Assigned:	09/26/2014	Date of Injury:	07/26/2008
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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 53 year old female with a work injury dated 7/26/08. The diagnoses include cervical stenosis; lumbar stenosis; lumbar degenerative disc disease and facet arthropathy; status post left shoulder surgery; depression. Under consideration is a request for retrospective request for Hydrocodone/APAP 10-325mg #180 on 8/15/14; retrospective request for Omeprazole 20mg #120 on 8/15/14. There is a primary treating physician report dated 8/15/14 that reports that the patient complains of ongoing neck, mid, and low back pain, with bilateral upper and lower extremity complaints. She is not currently working and last worked 9/15/2008. Since last visit she notes a small increase tingling sensations in both hands, otherwise her overall condition has remained stable with persistent pain complaints. She has been having more difficulty with ambulation due to her pain complaints. She has completed five visits of chiropractic treatment with no relief and three visits of acupuncture treatment with no relief. She has discontinued both of these therapeutic treatments due to increase in pain. Current medications include Norco 10/325mg 3 per day, which allows her to do the dishes and helps her sleep for a longer period of time. She also uses Prilosec 1 per day to prevent GI upset. In addition she utilizes Norflex 2 per day that relaxes her muscles and helps her sit longer. She continues to use Terocin Patches, which help decrease her oral medication intake and allows her to walk longer. She states that these medications decrease her pain and improve her function in daily activities. She denies any side effects with these medications. The comprehensive interval history form was reviewed. The patient's pain diagram was reviewed in detail with the patient. Constant left sided neck, mid back, and low back pain that are equally severe with a burning sensation and numbness that radiates in bilateral upper extremities left side greater than right. She notes that the numbness and tingling has been worsening over the last year. She finds it difficult to hold things in her hand without dropping them; for example, she is breaking dishes constantly when washing dishes. She

has constant pins and needles sensation and cramping that radiates bilateral lower extremities, right greater than left. She rates her pain a 9/10 on the pain scale. She does have difficulty sleeping at night due to her pain complaints. On exam she shakes hands by flexing her right elbow and does not extend the right arm away from the body. She does have tenderness to palpation of the cervical and lumbar spine. She has limited range of motion of the cervical and lumbar spine. She decreased sensation to the right C6 and C7 dermatomes. She has decreased sensation to the bilateral L5 and S1 dermatomes. Motor exam is 4/5 for bilateral deltoids, biceps, internal and external rotators, 4-/5 for left wrist extensors, 4/5 right wrist extensors, 4-/5 left Wrist flexors, 4/5 right wrist flexors, and 4/5 for bilateral triceps. Lower extremity motor function is limited by pain 4/5 for bilateral psoas, quadriceps, hamstrings, tibialis anterior, EHL, inversion, plantarflexion and eversion. She was prescribed Norco 10/325 mg #180, Norflex for muscle spasms, Prilosec 20 mg #120 for her GI upset, Terocin cream to help decrease her oral intake of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Hydrocodone/APAP 10-325mg #180 on 8/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80. Decision based on Non-MTUS Citation 9792.20. Medical Treatment Utilization Schedule--Definitions- page 1 (functional improvement)

Decision rationale: Retrospective request for Hydrocodone/APAP 10-325mg #180 on 8/15/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. MTUS guidelines state to discontinue opioids if there is no overall improvement in function or analgesia, unless there are extenuating circumstances and to continue opioids if the patient has returned to work and if the patient has improved functioning and pain. The documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation does not reveal significant levels of improved function or pain. The request for retrospective request for Hydrocodone/APAP 10-325mg #180 on 8/15/14 is not medically necessary.

Retrospective request for Omeprazole 20mg #120 on 8/15/14: Upheld

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

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

Decision rationale: Retrospective request for Omeprazole 20mg #120 on 8/15/14 is not medically necessary per MTUS guidelines. Per MTUS guidelines Omeprazole is not medically necessary. There is no history that patient meets MTUS criteria for a proton pump inhibitor including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines state that proton pump inhibitors can be used or NSAID induced dyspepsia. The California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. The documentation is not clear that the patient is on an NSAID. Therefore the request is not medically necessary.