

<b>Case Number:</b>	CM14-0156761		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 33 year old male with an injury date of 01/21/13. Based on the 03/12/14 progress report, the patient complains of right neck pain that radiates down arm to hand and low back pain that radiates down to leg and foot rated 7/10. Physical examination to the lumbar spine revealed decreased range of motion, especially on extension 0 degrees and flexion 20 degrees. Patient medications include Norco and Prilosec. Patient reports medications help decrease his pain by 50% and allows him to increase his walking distance by 10-15 minutes. He denies any side effects from medications. Patient is temporarily partially disabled. Diagnosis 03/12/14:- cervical spine herniated nucleus pulposus (HNP)- cervical radiculopathy- lumbar spine sprain/strain- possible lumbar spine radiculopathy The utilization review determination being challenged is dated 09/08/14. The rationale follows: 1) Omeprazole 20mg #60 capsules : "no documented gastrointestinal complaint in medical records..." 2) Hydrocodone/APAP 10/325mg #180 : "4A's were not addressed..."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60 Capsules:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

**Decision rationale:** The patient presents with right neck pain that radiates down arm to hand and low back pain that radiates down to leg and foot rated 7/10. The request is for Omeprazole 20mg #60 capsules. His diagnosis dated 03/12/14 includes cervical spine HNP, cervical radiculopathy, lumbar spine sprain/strain, and possible lumbar spine radiculopathy. MTUS page 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is not on oral non-steroidal anti-inflammatory drugs (NSAIDs) to consider proton pump inhibitor (PPI) for prophylactic use. Review of the reports does not show evidence of gastric problems that would require treatments with PPI's. Per progress report dated 03/12/14, patient reports medications help decrease his pain by 50% and allows him to increase his walking distance by 10-15 minutes. He denies any side effects from medications. There is no mention of any problems with GI issues. The request is not medically necessary.

**Hydrocodone/ APAP 10/325mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Ongoing management Page(s): 91; 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Criteria for use of opioids Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** The patient presents with right neck pain that radiates down arm to hand and low back pain that radiates down to leg and foot rated 7/10. The request is for Hydrocodone/APAP 10/325mg #180. His diagnosis dated 03/12/14 includes cervical spine HNP, cervical radiculopathy, lumbar spine sprain/strain, and possible lumbar spine radiculopathy. Per progress report dated 03/12/14, patient reports medications help decrease his pain by 50% and allows him to increase his walking distance by 10-15 minutes. He denies any side effects from medications. MTUS Guidelines pages 88 and 89 states, "Pain 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 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, while the treater provides a general statement that Hydrocodone reduces pain by 50%; the four A's are not specifically addressed including discussions regarding aberrant drug behavior and specific activities of daily living (ADL's), etc. Given the lack of documentation as required by MTUS, the request is not medically necessary and appropriate.