

<b>Case Number:</b>	CM14-0027863		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	03/21/2006
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery 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 employee is a 44-year-old male who is reported to have sustained a work-related injury on March 21, 2006. The mechanism of injury was not stated in the medical records. The most recent medical record attached was dated April 11, 2013, and there were complaints of back pain radiating to the left leg. It was stated that the back pain was improving, and that physical therapy had been completed. The injured employee has transitioned to a home exercise program and is weaning off medications, including OxyContin. Current medications were stated to include gabapentin, omeprazole, diazepam, oxycodone, Dilaudid, amitriptyline, Colace and Senokot. The injured employee stated he wanted to discontinue Dilaudid and return to usage of Norco. Current pain level is stated to be 9/10 without medications and 6/10 with medications. The physical examination on this date noted reduced sensation in the upper aspect of the left leg and lumbar paraspinal tenderness and spasms. There was a positive left sided straight leg raise. Current treatment plans included weaning off OxyContin. A utilization management review did not certify a request for Norco and omeprazole on February 22, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NORCO (HYDROCODONE-ACETAMINOPHEN) 10/325 MG # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

**Decision rationale:** According to the medical records, the injured employee is taking multiple opioid medications. While the recent medical record does state that there is improvement in the injured employee's pain level with medications, it does not state which medications have been most beneficial. In particular, it does not state how much pain relief there is by the usage of nonnarcotic medications such as gabapentin. According to the California MTUS chronic pain medical treatment guidelines, opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is also no mention of the injured employee's ability to return to work and participation in activities of daily living while taking these medications. For these multiple reasons, this request for Norco is not medically necessary.

**OMEPRAZOLE (PRILOSEC OTC) 20 MG # 60:** Upheld

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

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

**Decision rationale:** A proton pump inhibitor such as omeprazole is indicated for use to treat gastrointestinal events secondary to non-steroidal anti-inflammatory medications (NSAID) usage. There is no mention that the injured employee is currently taking any non-steroidal anti-inflammatory medications (NSAID) medications. Therefore, it is unclear why this medication is requested. This request for omeprazole is not medically necessary.