

<b>Case Number:</b>	CM14-0031115		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	05/17/2012
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 46-year-old female who reported an injury on 5/17/12. The mechanism of injury was cumulative trauma related to the performance of job duties. The patient's initial treatment is unclear; however, it is noted that she received unknown durations of physical therapy, acupuncture, activity modification, and medications. On the 8/28/13 PR-2, the patient was noted to be status post surgery. The patient is noted to complain of significant pain throughout the entire spine, as well as bilateral shoulders, elbows, and wrists. The clinical note dated 1/13/14 stated that the patient was status post arthroscopy to the shoulder, and was referred for pain management. The most recent note dated 2/13/14 stated that the patient continued to experience significant pain and was referred for a possible lumbar ESI, cervical ESI, and thoracic ESI, was prescribed additional physical therapy, and was urged to continue medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 HYDROCODONE 2.5/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The California MTUS/ACOEM guidelines recommend opioids to treat moderate to severe chronic pain. Guidelines suggest that while managing opioid therapy, pain values should be assessed at each clinical visit, functional measurements should be obtained at six-month intervals using a numerical scale or validated instrument, and there should be frequent random urine drug screens to monitor compliance. Pain assessments should include the patient's current pain, the least reported pain since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for the pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review provided the patient's current pain levels, which were consistently 8-9/10. There was no discussion regarding the effects of the pain medication on the patient's pain levels, and there were no functional measurements obtained detailing an improvement secondary to medication use. Furthermore, there was no inclusion of any urine drug screens or discussion of any screens being performed. Without this information, the efficacy of the medication and medical necessity of this request cannot be determined. As such, the request for Hydrocodone is non-certified.

**30 OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** The California MTUS/ACOEM guidelines recommend the use of proton pump inhibitors for patients at risk for gastrointestinal events. Risk factors include being over the age of 65, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or the use of high dose or multiple NSAIDs. The information submitted for review did not provide evidence that the patient exhibited any of these risk factors. She is under the age of 65, there was no discussion of historical GI events or discomfort, there is no medication list accompanying the notes indicating she is concurrently using aspirin, corticosteroids, or anticoagulants, and there is no indication that she is on a high dose or multiple use of NSAIDs. Furthermore, there seems to be no evidence of subjective complaints of GI upset. As such, the request for Omeprazole is non-certified.

**30 TRAMADOL ER 150MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The California MTUS/ACOEM guidelines recommend opioids to treat moderate to severe chronic pain. Guidelines suggest that while managing opioid therapy, pain values should be assessed at each clinical visit, functional measurements should be obtained at six-month intervals using a numerical scale or validated instrument, and there should be frequent

random urine drug screens to monitor compliance. Pain assessments should include the patient's current pain, the least reported pain since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for the pain relief to begin, and how long the pain relief lasts. The clinical information submitted for review provided the patient's current pain levels, which were consistently 8-9/10. There was no discussion regarding the effects of the pain medication on the patient's pain levels, and there were no functional measurements obtained detailing an improvement secondary to medication use. Furthermore, there was no inclusion of any urine drug screens or discussion of any screens being performed. Without this information, the efficacy of the medication and medical necessity of this request cannot be determined. As such, the request for Tramadol ER is non-certified.