

<b>Case Number:</b>	CM14-0032321		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/07/2012
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 and is licensed to practice in Nevada. 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 worker is a 47-year-old gentleman who was reportedly injured on January 7, 2012. The mechanism of injury is noted as striking his head on a metal pipe. The most recent progress note dated May 13, 2014, indicates that there are ongoing complaints of cervical spine pain and headaches. Previous use of Topamax did not offer any relief. The physical examination demonstrated tenderness along the bilateral temporality muscles and the posterior cervical paraspinal muscles. There was a diagnosis of migraine headaches, cephalgia and chronic posttraumatic headaches. Topiramate, Topamax and Sumatriptan were prescribed. Diagnostic imaging studies were not reviewed during this visit. A request was made for Norco and Prilosec and was not certified in the pre-authorization process on February 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 120 Norco 5/325 mg (1/17/2014): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78.

**Decision rationale:** Norco (Hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. The California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Retrospective request for 60 Prilosec (01/17/2014):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of GERD and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the California Medical Treatment Utilization Schedule. Therefore, this request for Prilosec is not medically necessary.