

<b>Case Number:</b>	CM14-0052546		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	12/21/2010
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Texas. 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 58 year old male who had a work related injury on 12/21/10. The mechanism of injury is undisclosed. Most recent clinical documentation submitted for review dated 02/13/14, revealed the injured worker reported having exacerbation of low back pain starting four days prior, left buttock tension and spasm, numbness and tingling radiating from low back to left lower extremity. Acupuncture was helping with additional acupuncture was requested. He continued to take medication for pain which helped especially muscle relaxants. Physical examination revealed left shoulder range of motion was decreased, impingement sign was positive and anterior shoulder had tenderness to palpation, thoracic spine revealed paraspinal muscle tenderness and spasm, lumbar spine revealed paraspinal muscle tenderness and spasm with restricted range of motion, reduced sensation in right L5 dermatomal distribution, and positive straight leg raise test on the right. Prior utilization review on 03/14/14 the Norco was modified to quantity sixty from 120; Omeprazole and Voltaren gel were noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco) APAP 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NorcoOpioids Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

**Decision rationale:** Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation does not indicate a significant decrease in pain scores with the use of medications. Therefore, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Omeprazole DR 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - online version- Integrated Treatment/Disability Duration Guidelines, Chronic Pain, Proton pump inhibitors (PPIs).

**Decision rationale:** As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of nonsteroidal antiinflammatory drug use. Risk factors for gastrointestinal (GI) events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of Aspirin (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID plus low dose ASA). There is no indication that the patient is at risk for GI events requiring the use of proton pump inhibitors. Furthermore, long term proton pump inhibitors (PPI) use (greater than 1 year) was shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.

**Voltaren 1% gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic PainNSAIDSGastrointestinal SymptomsTopical Analgesics Page(s): 68, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** Voltaren gel is recommended for osteoarthritis after failure of an oral nonsteroidal antiinflammatory drugs (NSAID), or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms. There is no clinical evidence submitted, that indicated that the injured worker meets the criteria. Therefore, medical necessity has not been established.