

<b>Case Number:</b>	CM14-0063517		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/17/2009
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 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:

This is a 60-year-old male with a 3/17/09 date of injury. The mechanism of injury was not noted. According to a progress report dated 7/14/14, the patient complained of increased left shoulder pain after crutch use after surgery. He is status post left hip arthroscopy on 9/10 and right hip arthroscopy on 5/2013. Objective findings: limited abduction of right hip; tender in subacromial space of left shoulder, pops and grinds; hip scars and right hip scars healed. Diagnostic impression: lumbar disc disease with radiculopathy, lumbar spine spondylolysis, labral tear of left hip, chronic pain. Treatment to date includes medication management, activity modification, and physical therapy. A Utilization Review dated 4/10/14 modified the requests for Hydrocodone/APAP 7.5/325 mg from 60 tablets to 45 tablets, Omeprazole from 60 tablets to 15 tablets, and Tramadol from 100 tablets to 25 tablets to initiate a weaning process. Regarding Hydrocodone/APAP 7.5/325 mg, there is no documented symptomatic or functional improvement from its previous usage. Regarding Omeprazole, the patient is currently being prescribed opiates which carries an inherent risk of subsequent GI issues, however the medical necessity for this GI protective medication is unnecessary if the opiate medications are being weaned. Regarding Tramadol, there is no documented symptomatic or functional improvement from previous usage. Furthermore, there is no documentation of failed trials of first-line opiates.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / Acetaminophen 7.5 / 325 MG, Quantity 60 (15 DAYS): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, the patient is also utilizing Tramadol. Guidelines do not support the use of multiple short-acting opioid medications. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone / Acetaminophen 7.5 / 325 MG, Quantity 60 (15 DAYS) was not medically necessary.

**Omeprazole CPDR 20 mg, Quantity 60 (15 days): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. Omeprazole has been utilized by this patient as a GI protective agent for his opioid medications. However, since the opioid medications have been found to medically unnecessary, a prophylactic medication is also unnecessary. Therefore, the request for Omeprazole CPDR 20 mg, Quantity 60 (15 days) was not medically necessary.

**Tramadol HCL 50 mg, Quantity 100 (25 days): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, the patient is also utilizing Hydrocodone/APAP 7.5/325 mg. Guidelines do not support the use of multiple short-acting opioid medications. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol HCL 50 mg, Quantity 100 (25 days) was not medically necessary.