

<b>Case Number:</b>	CM14-0074124		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	04/11/2009
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesiology and Pain Medicine 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 injured worker is a 33-year-old female who reported an injury on 04/11/2009. The mechanism of injury was not provided for clinical review. The previous treatments included medication and physical therapy. Within the clinical note dated 06/18/2014 it was reported the injured worker complained of pain in both elbows and wrist. The injured worker complained of anxiety and depression. Upon the physical examination of the bilateral elbows the provider noted the medical aspect of the left elbow was tender to palpation. The injured worker had a positive Tinel's on the left. The lateral aspect of both elbows was tender to palpation. Upon examination of the wrist the provider noted sensation was reduced in the bilateral median nerve distribution. The injured worker had a positive Tinel's and Phalen's test. The provider requested Norco for pain and Omeprazole. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 06/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg 1 every 6 hours as needed, # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Norco 10/325 1 every 6 hours as needed #120 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication is evidence by significant functional improvement. The provider failed to document and adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

**Omeprazole 20mg 1 every day, # 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for Omeprazole 20 mg 1 everyday #30 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors such as Omeprazole are recommended for injured workers at risk for gastrointestinal events, under cardiovascular disease. The risk factors for gastrointestinal events include, over the age of 65, history of peptic ulcer, gastrointestinal bleed or perforation, use of corticosteroids and/or anticoagulant. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or is at an age to receptor antagonists or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. There is lack of documentation indicating the injured worker had a history of peptic ulcer, gastrointestinal bleed or perforation. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.