

<b>Case Number:</b>	CM14-0079657		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/09/2003
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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:

According to the records made available for review, this is a 52-year-old male with a 9/9/03 date of injury and status post repair of recurrent umbilical hernia 8/29/13. At the time of request for authorization for Ibuprofen 600mg #60, Omeprazole 20mg #90, and Hydrocodone/APAP 5/325mg #60, there is documentation of subjective (chronic severe pain in the umbilical area) and objective (tenderness to palpation over the umbilical area with mild edema, and tenderness to palpation over the testicles) findings. The current diagnoses include right testicular pain, bilateral inguinal pain, and status post umbilical herniorrhaphy. The patient's treatment to date includes Ibuprofen, Hydrocodone/APAP and Omeprazole since at least 7/22/13, and ongoing therapy with Relafen. In addition, a 4/14/14 medical report identifies subjective complaints of severe acid reflux, diffuse abdominal tenderness on examination, and a diagnosis of GERD/gastritis secondary to medications. Regarding Ibuprofen 600mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. Regarding Hydrocodone/APAP 5/325mg #60, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone/APAP.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 600mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right testicular pain, bilateral inguinal pain, status post umbilical herniorrhaphy, and GERD/gastritis secondary to medications. In addition, there is documentation of chronic severe pain. However, given documentation of ongoing treatment with Ibuprofen since at least 7/22/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Ibuprofen. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 600mg #60 is not medically necessary.

**Omeprazole 20mg #90: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes an age greater than 65 years old; a history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of right testicular pain, bilateral inguinal pain, status post umbilical herniorrhaphy, and GERD/gastritis secondary to medications. In addition, there was documentation of symptoms of severe acid reflux, diffuse abdominal tenderness on examination, and chronic NSAID therapy (Ibuprofen and Relafen). There is also documentation of risk for

gastrointestinal event (multiple NSAID) and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg #90 is medically necessary.

**Hydrocodone/APAP 5/325mg #60:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right testicular pain, bilateral inguinal pain, status post umbilical herniorrhaphy, and GERD/gastritis secondary to medications. In addition, there is documentation of chronic severe pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Hydrocodone/APAP since at least 7/22/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Hydrocodone/APAP. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 5/325mg #60 is not medically necessary.