

<b>Case Number:</b>	CM14-0084786		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/23/2003
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 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 43 year-old male who was reportedly injured on 5/23/2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 4/21/2014. Indicates that there are ongoing complaints of chronic neck and low back pain. The physical examination demonstrated cervical spine: Spurling sign causes Neck pain. Positive tenderness of the bilateral C-5-C7 cervical paraspinal and bilateral trapezius. Limited cervical range of motion. Lumbar: positive clonus on the right side 3-4 beats, left side one-two beats. Decreased sensation in the lateral/posterior legs right greater than left. Positive tenderness over the right lumbar paraspinals. Pain with range of motion. Positive straight leg raise bilaterally. No reason diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, and medications. A request was made for Norco 10/325 mg #150, Prilosec 20mg #60, and was not certified in the pre-authorization process on 5/24/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen ) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California Medical Treatment Utilization Schedule guidelines recommend, "short-acting opiates at 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; and review of the medical documentation provided dated 5/24/2014 shows a partial certification for this medication refill. It states patient is working full-time and takes medication for pain. This is a duplicate request, therefore this request is deemed not medically necessary.

**Prilosec 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress which would require PPI treatment. As such, this request is not considered medically necessary.