

<b>Case Number:</b>	CM14-0092897		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient Is a 60 year old female with an injury date of 07/31/08. Per the 05/12/14 report by [REDACTED] the patient presents with back pain rated 8/10. This report cites notes from 04/06/14 that she presented on that date with right wrist pain, foot pain and right shoulder pain. The patient is temporarily totally disabled. No objective observations were provided. Per the 05/12/14 report by [REDACTED], the patient's diagnoses include: Flat footSprain and strain of unspecified site of shoulder and upper armAdjustment disorder with depressed moodSprain of ankle unspecifiedSprain of lumbar region. Medications are listed as Duloxetine (Cymbalta), Naproxen, Omeprazole, Hydrodone-acetaminophin (Vicodin) Tramadol (Ultram), Diovan, Avandament and Crestor. The utilization review being challenged is dated 06/03/14. Reports were provided from 12/16/13 to 05/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen (Naprosyn) 500 mg #60; 1 tab by mouth twice daily 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines medications for chronic pain Page(s): 60, 61.

**Decision rationale:** The patient presents with right wrist, foot and shoulder pain. The treater requests for Naproxen (Naprosyn) 500 mg #60, 1 tab by mouth twice daily 3 refills. The reports provided show the patient has been using this medications since at least 03/10/14. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. In this case, the treater does not discuss this medication and the reports provided do not show a record of pain and function for the medication per the guidelines above. Therefore, is not medically necessary.

**Omeprazole (Prilosec) 20 mg DR #30; 1 cap by mouth daily 1 refill:** Upheld

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

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

**Decision rationale:** The patient presents with right wrist, foot and shoulder pain and back pain. The treater requests for Omeprazole (Prilosec) 200 mg DR #0 1 cap by mouth daily 1 refill. Reports provided show the patient has been taking this medication since at least 03/10/14. The MTUS Guidelines state Omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events: Age is more than 65 years. History of peptic ulcers, GI bleeding, or perforations. Concurrent use of ASA, corticosteroids, and/or anticoagulant. high-dose multiple NSAIDs. In this case, the treater does not discuss the use of this medication nor is it stated in the reports provided whether or not it helps the patient. The patient is on NSAID; however, there is no GI assessment as required by MTUS. Therefore, the request is not medically necessary.

**Hydrocodone-acetaminophen (Vicodin) 5-300 mg; 1 tab by mouth twice daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 76-78.

**Decision rationale:** The patient presents with right wrist, foot, back and shoulder pain. The treater requests for Hydroncodone-acetaminphen (Vicodin) 5-300 mg 1 tab by mouth twice daily. The reports provided show the patient has been using this medication since before 01/20/14. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated

instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided indicate that pain was assessed through the use of pain scales. The 01/20/14 report states that the patient responds to this medication and it increases activities. The patient is noted to be temporarily totally disabled. No other specific ADLs are mentioned to show a significant change of use with this medication. On 12/16/13 the treater states that medications provide significant relief, there are no side effects and side effects of the medication have been discussed with the patient. Opioid management issues are not fully documented, however. As no urine toxicology reports were discussed or provided. In this case, there has not been sufficient documentation of long-term opioid use as required per MTUS. The request is not medically necessary.