

<b>Case Number:</b>	CM13-0016273		
<b>Date Assigned:</b>	02/03/2014	<b>Date of Injury:</b>	11/01/1996
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 64 year old male, who sustained an industrial injury on 11/1/96. He has reported pain in the right wrist and hand. The diagnoses have included status post right carpal tunnel release with recurrent carpal tunnel syndrome and right wrist neuroma. Treatment to date has included surgery and oral medications. As of the PR2 dated 5/16/13 the injured worker reports persistent worsening symptoms of the right arm. The treating physician noted stiffness and aching in the fingers and limited range of motion. The treating physician requested Omeprazole DR 20mg #120 and Hydrocodone/APAP 10/325mg #60. There are no other progress notes or diagnostic studies in the case file. On 7/31/13 Utilization Review non-certified a request for a retrospective request for Omeprazole DR 20mg #120 and Hydrocodone/APAP 10/325mg #60. The utilization review physician cited the MTUS guidelines for chronic pain medical treatment and medical necessity. On 8/26/13, the injured worker submitted an application for IMR for review of a retrospective request for Omeprazole DR 20mg #120 and Hydrocodone/APAP 10/325mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR OMEPRAZOLE DR 20 MG, #120 BETWEEN 6/6/2013 AND 6/6/2013.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines May 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The attached progress note dated May 6, 2013 does not include a request for a prescription of omeprazole nor are there any complaints of gastric upset or documented gastrointestinal risk factors. For these reasons, this request for omeprazole is not medically necessary.

**RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR HYDROCODONE/APAP 10/325 MG, #60 BETWEEN 6/6/2013 AND 6/6/2013:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HYDROCODONE (VICODIN, LORTAB).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

**Decision rationale:** I respectfully disagree with the UR physician. The progress note dated 5/6/13 appears to prescribe hydrocodone/APAP for the first time as this note states that the efficacy of this medication will be assessed when the patient follows up on August 22, 2013. Considering the injured employee's complaint of persistent right arm pain and physical examination findings and that this is an initial request for this medication, this request for hydrocodone/APAP is medically necessary.