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| <b>Case Number:</b>   | CM14-0195527 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 01/09/1996 |
| <b>Decision Date:</b> | 01/21/2015   | <b>UR Denial Date:</b>       | 11/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 patient is a 65 year old female who was injured on 1/9/1996. The diagnoses are low back pain, sciatica, lumbar strain, muscle spasm, headache, cervicgia and shoulder pain. There is a history of peptic ulcer disease and esophageal reflux. The patient completed PT, chiropractic treatment and multiple shoulder surgeries. On 8/12/2014, [REDACTED] noted subjective complaint of insomnia related to the pain that is worse at night. There was subjective complaint of neck and low back pain. On 9/11/2014, there were objective findings of positive straight leg raising test on the right. The sensation, reflexes, motor and neurological tests was noted to be normal. The patient noted the Aleve helps relieve the pain and help her sleep. There is no report of qualitative or quantitative evaluation of pain scores. The medications listed are Norco, Aleve and omeprazole. A Utilization Review determination was rendered on 11/4/2014 recommending non certification for Norco 10/325mg #45 and omeprazole DR 20mg #90 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10-325mg #90 (30 day supply) no refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain that did not respond to treatment with NSAIDs and PT. The records indicate that the patient cannot utilize NSAIDs regularly because of significant history of gastrointestinal disease. The patient reported significant pain relief with functional restoration with utilization of Norco. There are no reported adverse effects or aberrant medication behaviors. The criteria for the use of Norco 10/325mg #90 30 days supply no refill was met.

**Omeprazole DR 20mg #90 with three (3) refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of gastrointestinal disease co-existing or associated with the use of NSAIDs. The records indicate that the patient was diagnosed with significant gastrointestinal disease. The patient is utilizing NSAID at night when the pain gets severe. The guidelines recommend the use of proton pump inhibitors to prevent the worsening of the gastrointestinal disease. The criteria for the use of omeprazole 20mg DR #90 3 refills was met.