

<b>Case Number:</b>	CM15-0104085		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 59-year-old female, who sustained an industrial injury on 7/10/2007. She reported low back pain. The injured worker was diagnosed as having lumbago, thoracic strain, and kyphoscoliosis deformity of spine. Treatment to date has included TENS, and medications. The request is for Norco, Tramadol HCL, and Omeprazole. On 11-19-2014, she complained that her TENS unit broke 2 weeks prior, and has since had increased low back pain. The treatment plan included a re-write for Norco. On 1/19/2015, she reported having effective pain relief with the use of medications and TENS unit. She indicated she is able to perform activities of daily living. The treatment plan included Norco. On 2/18/2015, she reported having near constant back pain, and is using a walker daily. On 5/19/2015, she complained of upper and lower back pain. She rated her pain 5/10, and continued to take Norco. She indicated the pain is improved with heat, cold, massage, exercise, music, distraction, medications, rest, and meditation. She reported medications give the side effect of loss of appetite and weight loss. Physical findings are noted to be tenderness of the mid and lower back with bilaterally sciatica and right hand numbness. She had needed to increase her pain medications to be able to do her activities of daily living. The treatment plan included increasing the Norco. The records contain several handwritten documents, which are difficult to decipher.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco (Hydrocodone/APAP) 10/325mg #30: Upheld**

**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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco (Hydrocodone/APAP) 10/325mg # 30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured workers working diagnoses are lumbago; strain thoracic region; and kyphosis-scoliosis deformity of spine. The medical record contains 13 pages. The earliest progress note is dated November 19, 2014. Subjectively, the injured worker has ongoing low back pain. Norco 10/325 mg #120 was refilled. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation evidencing objective functional improvement. Norco was refilled on November 19, 2015; February 18, 2015; and in the most recent progress note May 19, 2015. There was no added documentation of objective functional improvement with ongoing Norco to support ongoing Norco 10/325 mg. The request for authorization is dated April 21, 2015. There is no contemporaneous documentation on or about April 21, 2015 request in the medical record. Consequently, absent contemporaneous clinical documentation, risk assessments, detailed pain assessments and evidence of objective functional improvement to support ongoing Norco 10/325 mg, Norco (Hydrocodone/APAP) 10/325mg # 30 is not medically necessary.

**Tramadol HCL 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol HCL 50mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status,

appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are lumbago; strain thoracic region; and kyphosis-scoliosis deformity of spine. The medical record contains 13 pages. The earliest progress note is dated November 19, 2014. Subjectively, the injured worker has ongoing low back pain. Norco 10/325 mg #120 was refilled. There are no detailed pain assessments or risk assessments in the medical record. There is no documentation evidencing objective functional improvement. Tramadol was first prescribed in a progress note dated February 18, 2015. Injured worker has ongoing low back pain. Tramadol 50mg was prescribed in addition to ongoing Norco 10/325 mg. Subjectively, according to the February 18, 2015 progress note, the injured worker at ongoing low back pain. There was no documentation of objective functional improvement relating to Norco 10/325. As noted above, there are no risk assessments are detailed pain assessments and medical record. There is no clinical rationale for the addition of Tramadol 50 mg to the injured worker's drug regimen. The request for authorization is dated April 21, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization. There is no documentation with objective functional improvement of tramadol based on a contemporaneous progress note on or about April 21, 2015. Consequently, absent clinical documentation with the clinical rationale for the addition of tramadol 50 mg to the injured worker's drug regimen, risk assessment and detailed pain assessment, Tramadol HCL 50mg #90 is not medically necessary.

**Omeprazole 40mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Omeprazole.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 40 mg #30 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are lumbago; strain thoracic region; and kyphosis-scoliosis deformity of spine. The medical record contains 13 pages. The earliest progress note is dated November 19, 2014. Subjectively, the injured worker has ongoing low back pain. There are four progress notes in the medical record. The earliest progress note is dated November 19, 2014; January 19, 2015; February 18, 2015; and the most

recent, is May 19, 2015. There are no co-morbid conditions or past medical history indicating a history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. There is no documentation of a clinical indication or rationale in the medical record for omeprazole. Consequently, absent clinical documentation with the clinical indication or rationale for omeprazole and risk factors or co-morbid conditions, for GI events, Omeprazole 40 mg #30 is not medically necessary.