

<b>Case Number:</b>	CM15-0167325		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/19/1987
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 69 year old female sustained an industrial injury on 11-19-87. Diagnoses include lumbago. Treatments to date include MRI testing and prescription pain medications. The injured worker has continued complaints of chronic low back pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination, the right lower extremity shows muscle wasting compared to left lower extremity. There are noted arthritic changes at the tibial plateau and possible malformation due to malunion from poor healing from injury. Decreased range of motion primarily in extension is noted. The documentation did not report for how long the injured worker had been taking the requested medications. A request for Omeprazole, One-month supply, Hydrocodone, One-month supply and Clonazepam, One-month supply was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole, One-month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The justification provided for Omeprazole was "chronic pain." Therefore, the continued use of Omeprazole is not medically necessary.

**Hydrocodone, One-month supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**Decision rationale:** Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time without documentation of pain scores. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Hydrocodone is not medically necessary.

**Clonazepam, One-month supply:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on Clonazepam for an unknown length of time. Justification for use was not provided. Continued and chronic use is not medically necessary.