

<b>Case Number:</b>	CM15-0169752		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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:

The injured worker is a 56 year old male who sustained an industrial injury on 10-19-132. Progress report dated 7-21-15 reports continued complaints of constant pain in neck, shoulders and left knee with flare ups. The pain is described as aching, sharp, shooting, throbbing and burning. The pain is rated 4-5 out of 10. Diagnoses include: failed back syndrome cervical, herniation cervical disc, opiate dependence, displaced disc with myelopathy cervical and radiculopathy cervical. Plan of care includes: reviewed medications, prescribed the following; morphine 30 mg, omeprazole 20 mg, and Seroquel 50 mg. Follow-up in 4 weeks. Work status: permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg capsule, delayed release 1 tab once a day as needed #28: 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 (non-steroidal anti-inflammatory drugs), 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 anti-platelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

**Seroquel 50mg tab every night as needed #28: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Quetiapine (Seroquel).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness chapter and pg 49.

**Decision rationale:** According to the guidelines, Seroquel is not recommended as a first-line treatment. There is insufficient evidence to recommend atypical antipsychotics (eg, Quetiapine, Risperidone) for conditions covered in ODG. In this case, the claimant was on Seroquel along with Fluoxetine for months without comment on depression or mood disorder or psychiatric intervention. The continued use is not justified and is not medically necessary.

**Morphine 30mg Immediate Release Tab four times a day as needed #112: 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): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

**Decision rationale:** According to the guidelines, opioids such as Morphine are not 1st line for mechanical or compressive etiologies. It has not been studied for long-term use. In addition, the daily maximum dose of Morphine should not exceed 120 mg. In this case, the claimant was on Suboxone, morphine MS Contin and Norco. The total dose exceeded the guideline recommendations. The average pain remained at 7/10 indicating minimal improvement with multiple opioids. Continued and chronic use of Morphine as above is not medically necessary.