

<b>Case Number:</b>	CM15-0036343		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: Texas, Florida

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 63 year old male injured worker suffered an industrial injury on 8/10/2012. The diagnoses were left shoulder arthroscopy and protrusion of lumbar disc with radiculopathy. The treatments were medications and physical therapy. The treating provider reported continued left shoulder pain 6/10, low back pain 8/10 with lower extremity symptoms and thoracic pain 6/10. On exam, there was tenderness of the left shoulder, tenderness of the thoracic and lumbar spine along with reduced range of motion. It was documented that the IW denied any history of NSAIDs induced gastritis or gastrointestinal disease. The UDS report dated 9/30/2014 was inconsistent with the absent of prescribed Hydrocodone, but presence of non-documented Oxycodone, Temazepam and Diazepam. The medications listed are Hydrocodone, Omeprazole and OTC Ibuprofen. The Utilization Review Determination on 2/18/2015 non-certified: Hydrocodone 7.5mg #60, modified to #30, MTUS, Omeprazole 20mg #60, MTUS, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 992.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids is associated with the development of tolerance, sedation, dependency, addiction and adverse interactions with other sedative medications. The records indicate that the patient had been on chronic opioid medications treatment. There is documentation of inconsistent UDS report with the presence of non-reported opioids and benzodiazepines. The records did not show that the patient failed treatment with NSAIDs and non-opioid co-analgesic medications. The criteria for the use of Hydrocodone 7.5mg #60 was not met.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-71.

**Decision rationale:** The CA MTUS recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal symptoms in high-risk patients and those with a history of gastric disease. The records did not show any documentation of regular NSAIDs utilization or a history of gastrointestinal disease. It was noted that the patient denied any dyspepsia, gastritis, GERD or gastrointestinal symptoms with the utilization of OTC NSAIDs. The criteria for the use of Omeprazole 20mg #60 was not met.