

<b>Case Number:</b>	CM15-0047680		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41-year-old female, who sustained an industrial injury on 9/15/2011. She reported a slip and fall and a hot coffee burn on her arm. The injured worker was diagnosed as having enthesopathy of the hip region, acid reflux and status post-surgical repair of right hip tear and impingement of the acetabulum. There is no record of a recent radiology studies. Treatment to date has included surgery, physical therapy, chiropractic care, aqua therapy and medication management. Currently, the injured worker complains of right hip and low back pain. In a progress note dated 8/2/2014, the treating physician is requesting Omeprazole and Hydrocodone/acetaminophen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg Qty: 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient was injured on 09/15/11 and presents with right hip pain. The request is for Omeprazole 20 mg quantity 30. There is no RFA provided and the patient's work status is not known. There is no indication of when the patient began taking this medication and the report with the request is not provided. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High-dose/multiple NSAID. MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The reason for the request is not provided. As of 08/14/13, the patient is taking fish oil. There is no recent list of medications provided, nor is there any indication that the patient is on NSAIDs. There is no discussion regarding what omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines without GI risk assessment. Given the lack of discussion as to this medication's efficacy and lack of rationale for its use, the requested omeprazole is not medically necessary.

**Hydrocodone/acetaminophen 10-325mg Qty: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 09/15/11 and presents with right hip pain. The request is for Hydrocodone/Acetaminophen 10-325 mg quantity 90. There is no RFA provided and the patient's work status is not known. There is no indication of when the patient began taking this medication and the report with the request is not provided. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, Criteria for use of opioids for Long-term Users of Opioids (6-months or more) states, Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS page 78 Criteria for use of Opioids, ongoing management, also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS, page 98, also continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4A's are addressed as required by MTUS Guidelines. There are no pain scales describing before-and-after medication usage to document analgesia. There are no examples of ADLs, which demonstrate medication efficacy, nor are there any discussions provided on adverse behavior/side effects. There is no pain management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. No urine drug screens are provided to indicate if the patient is compliant with the medications prescribed. The treating physician does not provide proper documentation that is

required by MTUS Guidelines for continued opiate use. Therefore, the requested Hydrocodone is not medically necessary.