

<b>Case Number:</b>	CM13-0044701		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/17/2000
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 54-year-old male who reported an injury on 03/17/2000. He has been diagnosed with internal derangement of the knee. His medications are listed as Anaprox, Norco, and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 06/21/13, 09/20/13) prospective usage of Hydrocodone/APAP:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, the ongoing management of patients taking opioid medications should include documentation of the patient's pain relief, functional status, appropriate medication use, and specifically address the "4 A's" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The clinical information submitted for review indicates that the patient is currently taking Norco for pain. However, the details required by the guidelines were not provided in the medical records. Therefore, it is

unknown what the patient's outcome is on the Norco, whether he has any side effects or issues of aberrant drug taking behaviors, or if the medication provides an increase in function. In the absence of these details, the request is not supported. As such, the request is non-certified.

**Retrospective (DOS: 06/21/13, 09/20/13) prospective usage of Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation retrospective (DOS: 06/21/13, 09/20/13) prospective usage of Omeprazole.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) Guidelines, proton pump inhibitors may be recommended for patients taking Non-steroidal anti-inflammatory drug (NSAID) medications who have been noted to have dyspepsia related to the Non-steroidal anti-inflammatory drug (NSAID) use or significant risk factors for gastrointestinal events. The clinical information submitted for review failed to provide details regarding the patient's use of Anaprox, an Non-steroidal anti-inflammatory drug (NSAID) medication. Additionally, there was no documentation of dyspepsia related to his Anaprox use or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported. As such, the request is non-certified.