

<b>Case Number:</b>	CM14-0148540		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/22/2003
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/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 52-year-old male, who has submitted a claim for cervical radiculopathy; cervical HNP and lumbar HNP associated with an industrial injury date of May 22, 2003. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of pain on the neck, right shoulder, left wrist and lower back. Physical examination showed the patient had an antalgic gait with an abnormal heel/toe walk. Tenderness was noted at the cervical spine, bilateral paraspinal muscles and bilateral lumbar muscles. Range of motion was decreased in lumbar spine at all planes. Sensation in lower extremities was intact. Sensation in upper extremities was decreased at left C6 and right C8 dermatomes. Motor exam as follows: left lower extremity - 3+/5 psoas, 4-/5 quadriceps and hamstrings; right extremity- 4+/5 psoas and quadriceps. Straight leg raise was positive at left at 40 degrees and on the right at 30 degrees. FABER test was positive bilaterally. Cervical MRI done on June 6, 2013 showed multilevel foraminal stenosis at C2-C7. Lumbar MRI done on June 3, 2013 showed multilevel disc protrusion at L4-S1. Treatment to date has included ibuprofen, anti-hypertensive medication, omeprazole (since 2013), baclofen, diclofenac, norco (since August 2013) and physical therapy. Utilization review from August 30, 2014 denied the request for Omeprazole 20mg #60 and Norco 10/325mg #90 however, reasons for denial were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Omeprazole Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec)

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines and FDA, it supports proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. ODG recommends PPI for patients at risk for gastrointestinal events. There remains no report of gastrointestinal complaints or chronic NSAID use. In this case, the patient has been on Prilosec since 2013 due to NSAIDs use. However, progress notes reviewed did not show signs and symptoms of any gastrointestinal problems such as GERD. Likewise, the patient does not have an intermediate risk to develop cardiovascular or gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, "there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Opioids may be continued if there is return to work and improved functioning and pain". In this case, the earliest cited progress note stating the use of Hydrocodone was August 2013 for pain. Progress notes reviewed showed that there was urine drug screen and CURES report consistent with the use of the medication. However, there was no mention of a pain contract and pain management plan. Likewise, records did not indicate an objective measurement of the functional status of the patient and improvement in the activities of daily living of the patient. The 4 criteria of ongoing monitoring of opioid use were not met. Therefore, the request for Norco 10/325mg #60 is not medically necessary.