

<b>Case Number:</b>	CM14-0149074		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/26/2000
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/15/2014
<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 Emergency Medicine and Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. 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 injured worker is a 56-year-old female who reported an injury on 01/06/2000. The mechanism of injury was not provided. The injured worker's diagnoses included lumbar disc disease. The injured worker's past treatments included medications and massage therapy. In the clinical note dated 06/16/2011, the injured worker complained of low back pain that radiated down the right leg. This note was handwritten and illegible. The injured worker had cautious gait. The injured worker's medications included Vicodin, frequency and dosage not provided. The request was for hydrocodone/APAP 7.5/325 mg for date of service 11/29/2013 and 01/16/2014, and Vimovo (naproxen and esomeprazole) 375/20 mg for date of service 12/23/2013. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodo/APAP 7.5/325mg #120 for date of service 11/29/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

**Decision rationale:** The request for Hydrocodone/APAP 7.5/325mg #120 for date of service 11/29/13 is not medically necessary. The injured worker is diagnosed with lumbar disc disease. The injured worker complained of low back pain that radiated down the right leg. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend that opioids for chronic back pain be limited for short term pain relief not greater than 16 weeks. There is a lack of documentation indicating that the injured worker had significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker had decreased functional deficits. The documentation did not include a recent urine drug screen or documentation of side effects for the date of service. Additionally, the request does not indicate the frequency of the medication. As such, the request for Hydrocodone/APAP 7.5/325mg #120 for date of service 11/29/13 is not medically necessary.

**Vimovo (Naproxen & Esomeprazole) 375/20mg #60 for date of service 12/23/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67-68.

**Decision rationale:** The request for Vimovo (Naproxen & Esomeprazole) 375/20mg #60 for date of service 12/23/13 is not medically necessary. The injured worker is diagnosed with lumbar disc disease. The injured worker complains of low back pain radiating down the right leg. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief of chronic low back pain. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication stemming back to 12/23/2013. Additionally, the request does not indicate the frequency of the medication. As such, the request for Vimovo (Naproxen & Esomeprazole) 375/20mg #60 for date of service 12/23/13 is not medically necessary.