

<b>Case Number:</b>	CM14-0155125		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	05/01/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 34-year-old female who reported an injury on 05/01/2012. The mechanism of injury was the injured worker was lifting a tote. The surgical history was not provided. Prior therapies included physical therapy, chiropractic care, an epidural steroid injection, and a TENS unit. The injured worker underwent an MRI of the lumbar spine and x-rays. The injured worker's medications included naproxen 550 mg, Omeprazole 20 mg, Orphenadrine 100 mg, and hydrocodone/APAP 10/325 mg as well as topical medications. The injured worker's medications were noted to have been utilized since at least early 2014. The most recent documentation provided for review is dated 06/27/2014 which revealed the injured worker had complaints of moderate sharp stabbing low back pain, numbness, tingling, and weakness radiating to the right leg. The objective findings revealed there was no bruising, swelling, atrophy or lesion at the lumbar spine. The diagnoses included lumbar radiculopathy and lumbar sprain and strain. The treatment plan included medications of naproxen 550 mg, Omeprazole 20 mg, Orphenadrine 100 mg, and hydrocodone/APAP 10/325 mg plus topical medications. The injured worker underwent a urine drug screen. There was no rationale for the requested medications. There was no Request for Authorization submitted to support the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms with cardiovascular risk Page(s): 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California MTUS Guidelines recommend injured workers be assessed for intermediate or high risk for gastrointestinal events. Injured workers with no risk factor or cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker had intermediate or high risk for gastrointestinal events. The duration of use was noted to be at least 3 months. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg #60 is not medically necessary.

**Hydrocodone/APAP 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation indicating the injured worker had an objective decrease in pain and objective improvement in function. Additionally, there was a lack of documentation of side effects. The request as submitted failed to indicate the frequency for the medication. The duration of use was at least 3 months. Given the above, the request for Hydrocodone/APAP 10/325mg #60 is not medically necessary.