

<b>Case Number:</b>	CM14-0178658		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	04/28/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 Family 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:

48 year old female claimant sustained a work injury on 4/28/11 involving the neck and low back. She was diagnosed with cervical radiculopathy. She had undergone a therapeutic spine injection in April 2014 and had 65% reduction in pain. A progress note on 5/16/14 indicated the claimant had 6/10 neck pain. Exam findings were notable for reduced painful range of motion of the neck and back. There was global left arm weakness. She denied any bowel or gastrointestinal complaints at the time. She had been on Vicodin, Neurontin, Soma, Lisinopril, Omeprazole and Senokot. On 9/15/14, the claimant had 10/10 pain at its worst. Exam findings were unchanged. She remained on the above medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin ES 7.5mg quantity 30:** 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 Page(s): 82-92.

**Decision rationale:** Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back

pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Vicodin several months without significant improvement in pain or function. The continued use of Vicodin is not medically necessary.

**Lisinopril 20mg quantity 30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Joint National Committee on Hypertension VIII.

**Decision rationale:** Lisinopril is an angiotensin receptor blocker (ACE) used for hypertension. According to the referenced guidelines, blood pressure should be monitored regularly. An ACE inhibitor should be used in those with blood pressure over 140/80 or those with chronic kidney disease or diabetes. In this case, there was no blood pressure monitoring, no history of hypertension, diabetes or kidney disease. The Lisinopril is not medically necessary.

**Omeprazole 20mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Prilosec is not medically necessary.

**Senokot 8.6mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, prophylaxis for constipation should be initiated with the use of opioids. In this case, the claimant had been on opioids for several months. There were no complaints of constipation. The opioids as above are not medically necessary; therefore, the Senokot (Stool softener) is not medically necessary.