

Case Number:	CM15-0013301		
Date Assigned:	01/30/2015	Date of Injury:	10/18/2013
Decision Date:	03/26/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63 year old female, who sustained an industrial injury on 10/18/2013. On provider visit dated 01/06/2015, the injured worker has reported pain in left elbow, neck, mid back, low back, and headaches. On examination she was noted to have a decreased range of motion of cervical and lumbar spine and guarding along the cervical, thoracic and lumbar par spinal musculature areas. The diagnoses have included neck pain, depression, low back pain, thoracic pain, epicondylitis and tendinitis. Treatment to date has included medications. Treatment plan included refills of already prescribed medication. On 01/13/2015 Utilization Review non-certified 60 capsules of Omeprazole Delayed Release 20mg and modified 120 tablets of Hydrocodone/APAP 5mg/325mg. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/ APAP 5mg/325mg # 25 (01/06/2015 and 01/06/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with bilateral upper extremity, left shoulder, left arm, left fingers, head, low back pain and headaches. The treater is requesting HYDROCODONE/APAP 5 MG/325 MG QUANTITY 2501/06/2015 AND 01/06/2015. The RFA was not made available for review. The patient's date of injury is from 10/18/2013 and her current work status is TTD. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The record show that the patient was prescribed hydrocodone on 07/07/2014. The 01/06/2015 report notes, "She does not note functional benefits and pain reduction with a low dose of medication. There are no evidence of aberrant behavior, but she is happy to comply with UDS. She was able to obtain her hydrocodone from her private insurer at her own cost and co-pay. She thinks that the pain medication helps reduce her pain by 60%. She does not have any side effects." The patient rates her pain and 9/10. While the patient reports 60% pain relief from medication use, there are no before and after pain scales provided. There is no mention of specific ADLs and no UDS or CURES report were provided for review. Given the lack of sufficient documentation showing medication efficacy for chronic opiate use, the patient should know be slowly weaned as outlined in the MTUS guidelines. The request IS NOT medically necessary.

Omeprazole Delayed release 20mg # 60 between (01/06/2015 and 01/06/2015): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with bilateral upper extremity, left shoulder, left arm, left fingers, head, low back pain and headaches. The treater is requesting OMEPRAZOLE DELAYED RELEASE 20 MG QUANTITY 60 BETWEEN 01/06/2015 AND 01/06/2015. The RFA was not made available for review. The patient's date of injury is from 10/18/2013 and her current work status is TTD. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, determine if the patient is at risk for gastrointestinal events: -1- age > 65 years; -2- history of peptic ulcer, GI bleeding or perforation; -3- concurrent use of ASA, corticosteroids, and/or an anticoagulant; or -4- high dose/multiple NSAID -e.g., NSAID + low-dose ASA-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. MTUS also states, treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records show that the patient was prescribed Omeprazole on

07/07/2015. The 07/07/2014 report notes that the patient reports three weeks of upper gastrointestinal pain and nausea. In the case, the treater has documented gastrointestinal events and the continued use of Omeprazole is warranted. The request IS medically necessary.