

<b>Case Number:</b>	CM15-0113929		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	07/06/2006
<b>Decision Date:</b>	07/23/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Emergency Medicine

### 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 59 year old male who sustained an industrial injury on 07/06/2006. Diagnoses include degenerative disc disease of the lumbar spine, lumbar spine spondylosis, and possible facet pain with range of motion causing pain and tenderness adjacent to the spinous process, back pain, left knee pain and left knee joint replacement done in 2012. Treatment to date has included diagnostic studies, left knee total replacement, status post posterior fusion of L4-L5, lumbar support brace, physical therapy, steroid injections. His medications include Omeprazole, Glyburide-Metformin, Tricor, Benazepril, Hydrochlorothiazide, MS Contin, Norco and Colace. A physician progress note dated 06/02/2015 documents the injured worker complains of left knee pain and low back pain. Physical therapy significantly increased his pain, and physical therapy was stopped and he was given a Medrol dose pack. He feels he has had no change in pain with the increase in Opana ER 10mg twice a day. He is still using 6-8 Norco a day and he has been out of Norco for several days. There is unofficial documentation of a Magnetic Resonance Imaging, which shows a small to moderate left paracentral disc bulge at L1-2. He has continued radiating pain. His knee pain continues to worsen and reflects to his back. There is swelling in his knee and calf. He uses a cane with ambulation. He is having increasing pain and swelling in the right hand, and he has decreased range of motion in his hands and fingers. With his medications, he is able to walk longer and allows him to go to various doctor appointments. Without medications, he has a very difficult time with pain and doing activities. He rates his pain as 7 out of 10 on the Visual Analog Scale. Lower back pain is aggravated by physical activity and relieved by medication. His knee pain is sharp and with

stiffness and left knee is worse. The treatment plan is for a refill of Norco, Omeprazole, Senna, and Colace, proceed with consult for lumbosacral disc bulge, consider epidural steroid injection, and proceed with recommended Doppler Ultrasound to rule out deep vein thrombosis. Treatment requested is for Hysingla (unknown dose and quantity), and Omeprazole (unknown dose and quantity).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Hysingla (unknown dose and quantity): 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79. Decision based on Non-MTUS Citation ODG: Pain: Hysingla (hydrocodone).

**Decision rationale:** Hysingla is extended release hydrocodone, an opioid. Patient has chronically been on Opana and Norco. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. Patient has significant pain causing pathology that will not improve in the short term. Rationale by provider is to transition patient from short acting Norco to longer acting Hysingla. While a plan of transition to a long acting opioid may be justified, this request does not have any dosage or total tablets requested provided in the request. This is an incomplete request and is therefore not medically necessary.

#### **Omeprazole (unknown dose and quantity): 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:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS guidelines, PPIs may be recommended in patients with dyspepsia or high risk for GI bleeding on NSAID. Patient is currently not on an NSAID and there are no dyspepsia complaints. Patient is not high risk for GI bleeding. Patient does not meet any criteria to recommend omeprazole. Prilosec/Omeprazole is not medically necessary.