

<b>Case Number:</b>	CM15-0118866		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic back, neck, shoulder, and elbow pain reportedly associated with an industrial injury of October 12, 2011. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve requests for Ultracet, Norco, and Prilosec. The claims administrator referenced an RFA form received on May 15, 2015 in its determination. The claims administrator noted that the medications in question were prescribed and/or dispensed on or around April 13, 2015. The applicant's attorney subsequently appealed. In an appeal letter dated June 19, 2015, the attending provider appealed previously denied Prilosec, Ultracet, Lidoderm, and Norco. The requests were appealed in a highly templated fashion. The attending provider stated that the applicant had tried Protonix without benefit. The note was quite difficult to follow in regard to usage of Prilosec. The bulk of the appeal letter suggested that the applicant was using Prilosec for cytoprotective effect as opposed to for actual symptoms of reflux. On June 9, 2015, the applicant reported ongoing complaints of neck and shoulder pain status post earlier cervical epidural injection therapy. The applicant had issues with hypertension and arrhythmia, it was reported. The applicant exhibited a visibly antalgic gait. Prilosec, Ultracet, Norco, Motrin, and Lidoderm were endorsed. The applicant had undergone earlier thumb surgery, it was reported. A 40-pound lifting limitation was endorsed. The attending provider stated that the applicant was profiting from ongoing medication consumption but did not elaborate further. It was suggested that the applicant was intent on attending a functional restoration program. It was not clearly stated whether the applicant was or was not working with said 40-pound lifting limitation in place, although this did not appear to be the case. The applicant's complete medication list, it was stated toward the top of report, included Prilosec, Ultracet, Norco, Motrin, Lidoderm, Advil, Zestril, Zocor, and aspirin, it was stated.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325 MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol-acetaminophen (Ultracet) was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not outlined on multiple notes, referenced above, including on the June 9, 2015 progress note in question or on the June 19, 2015 appeal letter. It did not appear that the applicant was working with a 40-pound lifting limitation in place. While the attending provider stated that the applicant was profiting from ongoing medication consumption on June 9, 2015, the attending provider failed, however, to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Ultracet usage. Therefore, the request was not medically necessary.

**Hydrocodone 10/325 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7) When to Continue Opioids Page(s): 78; 80.

**Decision rationale:** Similarly, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider failed to furnish a clear or compelling rationale for concurrent usage of two separate short-acting opioids, Norco and Ultracet. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, it was not explicitly stated whether the applicant was or was not working on either progress notes of June 9, 2015 or on an appeal letter of June 19, 2015, suggesting that the applicant was not, in fact, working. While the attending provider stated on June 9, 2015 that ongoing usage of Norco was beneficial, the attending provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

**Omeprazole 20 MG #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Finally, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. The attending provider indicated on June 19, 2015 appeal letter that omeprazole was being employed for cytoprotective effect. Page 68 of the MTUS Chronic Pain Medical Treatment Guidelines notes that applicants who are at heightened risk for gastrointestinal events include those individuals who are using multiple NSAIDs, including a prescription NSAID plus low-dose aspirin. Here, the attending provider did state in his June 9, 2015 progress note that the applicant was, in fact, using prescription ibuprofen in conjunction with low-dose aspirin and/or low-dose Advil. Provision of omeprazole was, thus, indicated for cytoprotective effect, given the fact that the applicant was seemingly using multiple NSAIDs. Therefore, the request was medically necessary.