

<b>Case Number:</b>	CM15-0119924		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	12/29/2006
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Ohio, North Carolina, Virginia  
 Certification(s)/Specialty: Family Practice

### 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 53 year old female who sustained an industrial injury on 12/29/06. Initial complaints and diagnoses are not available. Treatments to date include medications, back surgery, spinal cord stimulator, sacroiliac joint injection, wrist braces, and a cane. Diagnostic studies include MRIs of the lumbar and cervical spine. Current complaints include leg pain as well as bilateral hand numbness. Current diagnoses include post laminectomy syndrome, neuralgia/neuritis/radiculitis, degeneration of cervical intervertebral disc, bilateral carpal tunnel syndrome, venous stasis of the lower extremity, autonomous neurogenic bladder, reflux disease, and chronic lumbar radiculopathy. In a progress note dated 04/16/15 the treating provider reports the plan of care as medications including atenolol, Cymbalta, Opana, Opana ER, Prevacid, and ketamine/ketoprofen/gabapentin/lidocaine compound. The requested treatments include Prevacid, Opana, and atenolol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prevacid 30mg Oral CpDR #60:** Overturned

**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 NSAIDS, GI symptoms, and cardiovascular risk Page(s): 69.

**Decision rationale:** The injured worker has a history of upper abdominal pain thought related to her medication usage and an H. pylori infection. Without Prevacid she has abdominal pain and gastroesophageal reflux symptoms. The NSAID Ibuprofen is included in her medication list. The referenced guidelines state that for the treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Prevacid is a proton pump inhibitor; the injured worker takes an NSAID, and has dyspepsia. Therefore, Prevacid 30mg Oral CpDR #60 is medically necessary and appropriate.

**Oxymorphone (Opana) 5mg Oral Tab #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Those prescribed opioids such as Opana for chronic pain require ongoing assessment of pain relief, medication side effects, functionality, and any aberrant drug taking behavior. Those with improvement in pain and functionality may generally have the opioids continued. In this instance, the injured worker has demonstrable pain relief with the medication regimen, which includes Opana IR 5 mg. Specific examples of functional improvement as a consequence of the pain medication are cited. Pharmacy database inquiries and urine drug screens have been consistent with the medication prescribed. Therefore, Oxymorphone (Opana) 5mg Oral Tab #90 was medically necessary and appropriate.

**Atenolol (Tenormin) 25mg Oral Tab #30:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation; The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure - Complete Report, Page 6.

**Decision rationale:** The injured worker is known to have hypertension caused at least in part by her chronic pain. Hypertension has been accepted as industrially caused in this case. Beta blockers such as atenolol are a well-accepted means by which to treat hypertension. Therefore, Atenolol (Tenormin) 25mg Oral Tab #30 was medically necessary and appropriate.