

<b>Case Number:</b>	CM15-0068613		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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, California  
 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:

This is a 40-year-old male patient, who sustained an industrial injury on 09/17/2012. He/She sustained the injury when a blade fell on to his foot. Diagnosis includes causalgia lower limb. According to the progress notes dated 4/2/15, he had complaints of pain at 6/10 with medications and 8/10 without medications. According to the progress notes dated 3/5/15, he had complaints of pain in the left foot rated 7/10 with medications and 9/10 without medications. The physical examination revealed lumbar spine tenderness and decreased range of motion; swelling of the left foot and zero degrees of range of motion of the left ankle; decreased sensation and strength on left ankle. The medications list includes gabapentin, omeprazole, norco, lidocaine ointment and amitriptyline. He has had electrodiagnostic testing of left lower extremity dated 4/9/2014, which revealed peroneal neuropathy at left ankle and sural neuropathy, x-rays, and CT scans. He has undergone left ankle surgeries and right hand surgery. He has had bone growth stimulator, sympathetic nerve blocks, orthotics, aquatic therapy and physical therapy. He has had urine drug screen on 4/3/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORCO 10-325MG 1 BID QTY 1:** 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): 76-80.

**Decision rationale:** Request: NORCO 10-325MG 1 BID QTY 1. Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response about pain control and objective functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. He has had urine drug screen on 4/3/2014. A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of NORCO 10-325MG 1 BID is not established for this patient.

**OMEPRAZOLE DR 40MG 1 PO QD:** Upheld

**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 & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Request: OMEPRAZOLE DR 40MG 1 PO QD. Prilosec contains omeprazole, which is a proton pump inhibitor. Per the CA MTUS NSAIDS guidelines cited above, regarding use of proton pump inhibitors with NSAIDS, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events...Patients at high risk for gastrointestinal events...Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when: "(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)." There is no evidence in the records provided that the patient has abdominal/ gastric symptoms with the use of NSAIDS. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic

ulcer. The medical necessity of OMEPRAZOLE DR 40MG 1 PO QD is not medically necessary for this patient.