MAXIMUS Federal Services

| Case Number: | CM15-0070580 | | |
|---|---|---|---|
| Date Assigned: | 04/20/2015 | Date of Injury: | 05/22/2003 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

## 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: Arizona, 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:

The injured worker is a 52 year old male, who sustained an industrial injury on May 22, 2003. He reported left wrist pain, right shoulder pain, neck and low back pain. The injured worker was diagnosed as having left wrist pain, right shoulder pain, cervical radiculopathy and cervical and lumbar herniated nucleus pulposus. Treatment to date has included diagnostic studies, acupuncture, conservative care, medications and work restrictions. Currently, the injured worker complains of neck and low back pain with associated dribbling of urine. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. It was noted he used a wheelchair and cane for ambulation. Evaluation on December 15, 2014, revealed continued pain with associated symptoms as noted. Medications were requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. In addition, the claimant had been on NSAIDs and continued to have pain, indicating continued NSAIDs are not necessary. Therefore, the continued use of Omeprazole is not medically necessary.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months in combination with NSAIDS significant improvement in pain or function. The continued use of Norco is not medically necessary.