

<b>Case Number:</b>	CM15-0073449		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male who sustained an industrial injury on 3/28/02 when he fell ten feet onto gravel and a wooden pallet landed on top of him resulting in a right rib fracture and pain. He currently complains of ongoing pain in his back and right hip shooting down his right leg with a numb sensation. He uses a cane for ambulation. His pain level is 4/10 with medications and 10/10 without medications. He has a 50% reduction in pain and 50% functional improvement with activities of daily living while on medications. Diagnoses include fibular fracture right ankle, with traumatic arthritis in the ankle joint; right knee pain with degenerative joint disease with sprain/ strain injury to the knee; lumbar degenerative joint disease and lumbar disk herniation with impingement and neuropathic radicular pain right leg. Treatments to date include medications. In the progress note dated 3/4/15 the treating provider's plan of care requests refill on Norco as needed for pain and omeprazole for dyspepsia from non-steroidal anti-inflammatories. The medications keep him functional and he is under a narcotic contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Norco 10/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** One prescription of Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids (since 2008) without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.

**One prescription of Omeprazole 20mg #30:** 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:** One prescription of Omeprazole 20mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.