

<b>Case Number:</b>	CM15-0074356		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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 [REDACTED] beneficiary who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of December 12, 2012. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve requests for omeprazole and morphine. The claims administrator referenced a March 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an internal case management noted April 17, 2015, the claims administrator stated that the applicant was off of work. On March 20, 2015, the applicant reported 4/10 low back pain with medications versus 8/10 pain without medications. The applicant stated that her sleep quality was poor. The applicant was on Colace, Pamelor, Prilosec, and morphine, it was acknowledged. The applicant had received earlier epidural steroid injection therapy, it was acknowledged. The applicant was obese, with BMI of 32. The applicant was apparently enrolled in a functional restoration program. The applicant had apparently had to delay her completion of the functional restoration program owing to familial issues with her mother and daughter. The note was very difficult to follow, comprised largely of cited guidelines, and did mingle historical issues with current issues. The attending provider posited that the applicant's ability to perform household chores including cooking, cleaning, and self-care had been ameliorated as a result of ongoing medication consumption. Pamelor, Prilosec, and morphine were renewed. The applicant's work status was not clearly detailed. The attending provider stated that the applicant's work status would be deferred to a qualified medical evaluator (QME). It did not appear that the applicant

was working with the limitations imposed by the medical-legal evaluator. There was no mention of the applicant's having any issues with reflux, heartburn, or dyspepsia on this date.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Omeprazole 40mg #1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2015 Official Disability Guidelines, 20th edition, proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** No, the request for omeprazole (Prilosec), a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on the March 26, 2015 progress note at issue. Therefore, the request was not medically necessary.

#### **Morphine Sulfate 15mg #1: Upheld**

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

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

**Decision rationale:** Similarly, the request for morphine, an opioid agent, was likewise 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 was off of work, it was suggested via an internal case management note of April 2015. A March 26, 2015 progress note likewise suggested that the applicant was not working following imposition of permanent work restrictions by a medical-legal evaluator. While the attending provider did recount some reduction in pain scores reportedly affected as a result of ongoing opioid therapy, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing morphine usage. The attending provider's commentary to the effect that the applicant's ability to cook and perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful or material

improvement in function effected as a result of ongoing morphine usage. Therefore, the request was not medically necessary.