

## Independent Medical Review Final Determination Letter

1034

Dated: 12/20/2013

<b>IMR Case Number:</b>	CM13-0018356	<b>Date of Injury:</b>	06/21/2009
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED] MD		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
RETROSPECTIVE REVIEW: HYDROCODONE 10/325MG#120, PRILOSEC 20MG # 60 (DOS: 7/10/13) MODIFIED CERTIFY, HIDROCODONE 10/325MG #60, PRILOSEC 20MG #30 (DOS:07/10/13)			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, has a subspecialty in ABPM and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Male claimant who sustained an injury on 6/12/09 after crashing a golf cart which resulted in chronic back pain and radicular symptoms. A recent examination report on 9/4/13 documented weakness in the right foot along with L4-S1 distribution of numbness and weakness. A refill of Oxycontin along with Ultram and Hydrocodone were given. Topical pain patches were also prescribed and Omeprazole (Prilosec) was given for "GI upset." He has been on long acting and short acting opioids since at least September 2012. A prior examination report in January as well as March 2013 noted that he was also receiving Norco and Oxycontin and had a pain scale of 7-8/10 (unchanged). At the examination in March 2013, the treating orthopedic surgeon suggested undergoing a functional restoration program and detoxification.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. Hydrocodone 10/325 #120 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Treatment Guidelines, pages 80-81, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Opioids, pages 77-86, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, Opioids are not indicated as 1<sup>st</sup> line therapy for neuropathic and chronic back pain. Hydrocodone is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. According to the medical records provided for review, the employee has been on Hydrocodone (NORCO) for over year with no improvement in pain scale. In addition, the employee was recently prescribed Ultram along with Hydrocodone increasing the risk of addiction and side effects. **The request for Hydrocodone 10/325 #120 is not medically necessary and appropriate.**

## **2. Prilosec 20mg #60 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, section on NSAIDS, GI Symptoms & Cardiovascular Risk, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on NSAIDS, pages 68-70, which is part of the MTUS

The Physician Reviewer's decision rationale:

The employee has also been on Prilosec for many months with no history of GI bleeding, reflux disease, or concomitant use of antiplatelet therapy. Prilosec is indicated to be used along with NSAIDS for high risk patients. According to the MTUS guidelines, Prilosec 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 the medical records provided for review, there is no documentation of GI events or antiplatelet use that would place the employee at risk. **The request for Prilosec 20mg #60 is not medically necessary and appropriate.**

/MCC

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[REDACTED]

CM13-0018356