

Case Number:	CM13-0047636		
Date Assigned:	12/27/2013	Date of Injury:	12/26/2007
Decision Date:	03/11/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 41-year-old male who reported an injury on December 26, 2007. The mechanism of injury was stated to be the patient was getting off a forklift and was holding onto the steering wheel which pulled out due to a locknut not being bolted in place and it pulled out and the patient felt immediate jolting pain and landed on his left lower extremity. The patient was noted to have lumbar surgery in November 2010. The patient's medications were noted to be oxycodone, Prilosec, Voltaren, and senna. The patient was noted to have a urine drug screen on March 14, 2013 which was consistent with the medications that were prescribed. The patient was noted to be in a low risk category for medication abuse. The patient's diagnoses were noted to include lumbar radiculopathy, lumbar degenerative disc disease, failed back surgery syndrome, and depression. The request was made for medication refills, as well as a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 15 MG Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, SubChapter 1. Administrative Director - Administrator Rules and Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that oxycodone hydrochloride is for chronic pain. There should be documentation of and objective decrease in the VAS score, objective functional improvement, adverse side effects, and aberrant drug-taking behavior. The clinical documentation submitted for review failed to provide documentation of an objective decrease in the VAS score, objective functional improvement, and adverse side effects. There was documentation of a lack of aberrant drug-taking behavior. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for oxycodone hydrochloride 15 mg tablets is not medically necessary.

Senna 8.6 50 MG Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, SubChapter 1. Administrative Director - Administrator Rules and Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Page(s): 77.

Decision rationale: California MTUS Guidelines indicate that there should be prophylactic treatment of constipation when starting opioids. The clinical documentation submitted for review failed to provide the patient had signs and symptoms of constipation. Additionally, it failed to provide the efficacy of the requested medication. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for senna 8.6 50 mg tablets is not medically necessary.

Voltaren XR 100 MG Twenty-four (24) hour Tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, SubChapter 1. Administrative Director - Administrator Rules and Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: California MTUS Guidelines indicate that Voltaren-XR is an NSAID. Additionally, it is recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide documentation of individual patient goals

and objective functional improvement with the use of the requested medication. Given the above, the request for Voltaren-XR 100 mg XR 24 tablets is not medically necessary.

Prilosec 20 MG CPPR (RFA dated October 02, 2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, SubChapter 1. Administrative Director - Administrator Rules and Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: California MTUS Guidelines indicate that PPIs are used for treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the patient was to take the medication every morning for heartburn. There was lack of documentation of the efficacy of the requested medication. There was lack of documentation indicating the patient had signs and symptoms of dyspepsia. Additionally, there was lack of documentation of the quantity of medication being requested. Given the above, the request for Prilosec 20 mg CPPR (RFA dated 10-02-13) is not medically necessary.

Urine Drug Test (RFA dated October 2, 2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Title 8 Industrial Relations Division 1. Department of Industrial Relations, Chapter 4.5 Division of Workers' Compensation, SubChapter 1. Administrative Director - Administrator Rules and Article 5.5.2 Medical Treatment Utilization Schedule

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines indicate that a urine drug screen is appropriate for patients with documented issues of abuse, addiction, or poor pain control. The patient was noted to have an appropriate urine drug screen on March 14, 2013. The patient was noted to have a low risk score for opioid use. There was a lack of documentation indicated the necessity for the urine drug screen as the prior screen was noted to be appropriate. Given the above, the request for urine drug screen RFA dated October 2, 2013 is not medically necessary.