

Case Number:	CM13-0049887		
Date Assigned:	12/27/2013	Date of Injury:	05/04/2004
Decision Date:	03/14/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/08/2013

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, has a subspecialty in Pain Medicine 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 34-year-old male who sustained an injury on 05/04/2004 of unspecified nature. The patient was seen on 08/08/2013; it was noted the patient stated that his medication, Oxycontin 30 mg twice a day no longer controlled his pain. The patient was re-evaluated on 09/05/2013 which indicated the patient stated his pain was 9/10 to the neck and low back while taking his medication. The patient stated that he did not want to participate in the therapy program. The patient was re-evaluated on 10/10/2013, which indicated that the patient was not having his medications approved and complaints of worsening symptoms. It was noted that the patient stated that he ran out of medications two weeks prior to getting his pain medications refilled. Upon evaluation on 12/12/2013, the patient was noted as participating in acupuncture treatment, which mildly alleviated his symptoms. The patient continued to complain of back pain, as well as bilateral lower extremities pain. The treatment plan was to continue weaning the patient off of his medications. The patient's diagnoses were noted as cervical radiculopathy, lumbar radiculopathy status post lumbar discectomy, chronic pain syndrome, anxiety reaction, and bilateral carpal tunnel syndrome. The documentation submitted for review did not indicate that the patient's pain level upon assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL IR 10 mg: Upheld

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

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

Decision rationale: The documentation submitted for review noted that on three (3) separate assessments, the patient indicated that his medication was not effective in treating his pain. The Chronic Pain Guidelines recommend ongoing management of opioid treatment be based on monitoring of four (4) domains which are: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant non-adherent drug-related behaviors. The patient was noted as not having any analgesic effect from the medications prescribed. The guidelines further state to discontinue opioid usage if there is no overall improvement in function, unless there are extenuating circumstances. There were no extenuating circumstances submitted for review. It is additionally noted that the patient was previously recommended for a weaning schedule. In addition, the request for the medication did not specify the amount of medication being requested. Given the information submitted for review, the request for Oxycodone HCL IR 10 mg is non-certified.

Omeprazole DR 20 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The Chronic Pain Guidelines recommend the use of a proton pump inhibitor in the case of gastrointestinal (GI) upset with the use of non-steroidal anti-inflammatory drugs (NSAIDs). The documentation submitted for review did not indicate that the patient was being prescribed NSAIDs for his pain. In addition, there were no indications for the usage of the medication. The documentation submitted for review did not indicate that the patient was prescribed a proton pump inhibitor, nor a reason to prescribe a proton pump inhibitor. Given the information submitted for review, the request for omeprazole DR 20 mg #30 is non-certified.