

Case Number:	CM13-0054637		
Date Assigned:	12/30/2013	Date of Injury:	01/25/2001
Decision Date:	06/03/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/20/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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/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 injured worker is a 67 year old female who reported an injury on 01/24/2001 secondary to an unknown mechanism of injury. She was evaluated on 11/08/2013 and reported constant 8/10 pain in the low back and right arm which increased with activity. On physical exam, she was noted to have decreased lumbar range of motion with extension and flexion as well as tenderness to palpation of the lumbar paraspinal area. She was diagnosed with bilateral sacroiliac joint dysfunction, lumbar radiculopathy, lumbar spondylosis, opioid-induced gastritis, and migraine headaches. Medications were noted to include Transdermal Fentanyl, Oxycodone, Trazadone, Celebrex, Sumatriptan, Lidoderm, Lyrica, and Cymbalta. She was noted to have undergone multiple lumbar surgeries previously on unknown dates. She was also treated with a left sacroiliac joint steroid injection on 06/17/2013. A request for authorization was submitted for Oxycodone 5mg 1 x3, Pantoprazole, and Sumatriptan succ. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 5MG, 1 X 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Oxycodone 5mg, 1x3 is not medically necessary. California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects to warrant continued opioid use. The injured worker reported low back and right arm pain and has used Oxycodone since at least 2010 according to the documentation submitted for review. There is no documentation of quantifiable pain relief or functional improvement to support continued opioid use. Furthermore, there is no documentation of urine drug screens to monitor for aberrant drug-related behavior. Additionally, the request as written does not include a quantity, and therefore does not allow for timely reassessment of criteria for continued opioid use. As such, the request for Oxycodone 5mg, 1x3 is not medically necessary.

PANTOPRAZOLE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC Pain Procedure Summary, updated 10/14/2013, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Pantoprazole is not medically necessary. California MTUS Guidelines do not recommend prophylactic treatment with proton pump inhibitors unless the injured work is at a high risk for gastrointestinal events to include history of peptic ulcer, GI bleeding, or perforation. There is a lack of evidence in the documentation provided that the injured worker has a history of peptic ulcer, GI bleeding or perforation. While the injured worker has been previously diagnosed with opioid-induced gastritis, the most recently documented evaluations do not indicate that the injured worker is currently experiencing gastric symptoms. Furthermore, the request as written does not include a dosage or quantity. Therefore, it is unclear that the request provides for timely reassessment of medication efficacy. As such, the request for Pantoprazole is not medically necessary.

SUMATRIPTAN SUCC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Head Procedure Summary, updated 6/4/2013, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The request for Sumatriptan succ is not medically necessary. Official Disability Guidelines recommend triptans for migraine sufferers. The injured worker reported low back and right arm pain. Although she was diagnosed with migraine headaches previously,

there is no recent documentation indicating that she has reported headaches or still continues to experience migraines. Additionally, there is a lack of documented evidence to indicate that the injured worker has experience recent quantifiable pain relief or functional improvement with this medication. Furthermore, the request as written does not include a frequency or quantity. Therefore, it is unclear that the request allows for timely reassessment of medication efficacy. As such, the request for Sumatriptan succ is not medically necessary.