MAXIMUS Federal Services

Case Number:	CM13-0055607		
Date Assigned:	12/30/2013	Date of Injury:	12/17/2003
Decision Date:	03/25/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Occupational Medicine, 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. 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of December 17, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar laminectomy surgery; prior left ankle surgery; total knee arthroplasty; topical compounds; and dietary supplements. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for fentanyl patches, denied a request for omeprazole, and denied a request of meloxicam. The applicant's attorney subsequently appealed. A clinical progress note of October 24, 2013 is notable for comments that the applicant apparently relocated to South Carolina. The applicant is status post a total knee arthroplasty. The applicant reports 8/10 low back, bilateral knee, and left shoulder pain. The applicant presents for a medication refill. She is attending physical therapy. The applicant is obese with BMI of 34. The applicant is on Prilosec, Terocin, p.r.n., Duragesic, Theramine, Mobic, and aspirin. The patient exhibits 5/5 lower extremity strength. She is able to stand on her toes and heels. She exhibits a normal gait. Lower extremity strength is apparently well preserved. The applicant is asked to obtain urine drug testing. Duragesic, Prilosec, and Mobic are refilled. The gastrointestinal review of systems is described as negative. In an earlier note of October 8, 2012, the applicant is described as reporting "modest relief" with her current medication regimen. The applicant is reportedly consuming alcohol. On July 2, 2013, the applicant was described as presenting with 8/10 pain. It was reportedly unchanged as compared to previous visits. An increase dose of Duragesic was endorsed. The applicant was asked to obtain treatment of comorbid depression. On April 1, 2013, the applicant presented with heightened low back pain and increased stress associated with financial concerns. The applicant is placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) Fentanyl PT72 50 mcg/hr: 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), web edition

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of ongoing opioid therapy. In this case, however, the employee has failed to return to work. The employee remains off of work, on total temporary disability, several years removed from the date of injury. The employee has apparently not returned to gainful employment since relocating to [redacted]. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living effected as a result of ongoing fentanyl usage. Therefore, the request is not certified as MTUS criteria for continuation of opioid therapy have not been met.

Sixty (60) Omeprazole CPDR 20 mg: 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), web edition

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

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse usage of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, there is no mention of any dyspepsia, either NSAID-induced or stand-alone on any recent progress note. The employee's gastrointestinal review of systems is specifically described as negative on several recent progress notes provided interspersed throughout 2013. Therefore, the request for Prilosec is not certified, on Independent Medical Review.

Thirty (30) Meloxicam 7.5 mg: 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), web edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that antiinflammatory mediations such as Mobic or meloxicam do represent the traditional first-line treatment for various chronic pain issues, including the chronic low back pain reportedly present here, in this case, the employee has been using this particular agent chronically and has failed to derive any lasting benefit or functional improvement through ongoing usage of the same. The employee remains off of work, on total temporary disability, several years removed from the date of injury. The employee has failed to return any kind of gainful employment since relocating to [redacted], it appears. There is no evidence of improved pain relief and/or improved ability to perform activities of daily living effected as a result of ongoing meloxicam usage. The employee remains highly reliant on various medications and medical treatments. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Meloxicam. Therefore, the request is not certified, on Independent Medical Review.