

Case Number:	CM13-0062665		
Date Assigned:	04/30/2014	Date of Injury:	08/16/1991
Decision Date:	06/13/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 53-year-old male who reported an injury on 08/16/1991. The mechanism of injury was not specifically stated. The current diagnoses include L5-S1 spondylolisthesis with chronic discogenic lumbosacral spine pain and degenerative lumbar disc disease. The injured worker was evaluated on 11/19/2013. The injured worker reported lower back pain, stiffness, and numbness in bilateral lower extremities. The current medications include Cymbalta, gabapentin, ibuprofen, methadone, nortriptyline, OxyContin, and Prilosec. Physical examination was not provided. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 80MG, EXTENDED RELEASE, 2 TABLETS BY MOUTH AT 11 AM, 3 TABLETS BY MOUTH AT 8PM, AND 3 TABLETS BY MOUTH AT 4AM, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized OxyContin 80 mg since 08/2013 without evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.

METHADONE 10MG, 4 BY MOUTH, EVERY 8 HOURS, #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-62.

Decision rationale: The California MTUS Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. As per the documentation submitted, the injured worker has utilized methadone 10 mg since 08/2013, without evidence of objective functional improvement. There is also no frequency listed in the current request. Therefore, the request is non-certified.

PRILOSEC 20MG, 1 BY MOUTH ONCE A DAY, #30, WITH THREE (3) REFILLS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Chronic pain, NSAIDs, Gastrointestinal Symptoms, Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high-risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. There is no frequency listed in the current request. As such, the request is non-certified.

IBUPROFEN 800 MG #90 WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. The injured worker has utilized ibuprofen 800 mg since 08/2013. Despite ongoing use of this medication, there is no evidence of

objective functional improvement. The MTUS guidelines do not recommend long-term use of NSAIDs. There is also no frequency listed in the current request. As such, the request is non-certified.

GABAPENTIN 300 MG #450 WITH THREE (3) REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. The injured worker has utilized gabapentin 300 mg since 08/2013 without evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.

NORTRIPTYLINE 25MG, 3 BY MOUTH EVERY NIGHT, #90 WITH THREE (3) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Anti-depressants, Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16.

Decision rationale: The California MTUS Guidelines state antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. The injured worker has utilized nortriptyline 25 mg since 08/2013 without evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is non-certified.