

Case Number:	CM14-0001718		
Date Assigned:	01/22/2014	Date of Injury:	11/28/1997
Decision Date:	03/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 Management, 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 patient is a 58-year-old who bent over to pick up a price tag from the floor and felt a pop in his back while at work on 11/28/1997. Prior treatment included medications on 02/06/2013, Morphine Sulfate CR 60 mg XR12H-tab (Morphine Sulfate) 1 po tid prn pain; Percocet 10-325 mg tabs (Oxycodone-Acetaminophen) 1 po qid prn pain; Prilosec 20 MG CPDR (Omeprazole) 1 po bid prn/ Dicyclomine HCL 20 mg tabs (Dicyclomine HCL) 1 po bid; Xanax 1 mg tabs (Alprazolam) 1 po bid prn; Lyrica 225 mg caps (Pregabalin) 1 po bid; Prozac 20 mg caps (Fluoxetine HCL) 2 po qD. Clinic noted on 03/07/2013 patient medications included Morphine Sulfate CR 60 MG XR12H-tab (Morphine Sulfate) 1 po tid prn pain; Percocet 10-325 MG tabs (Oxycodone-Acetaminophen) 1 po qid prn pain; Lyrica 150 mg caps (Pregabalin) 1 PO BID prn neuropathic pain; Xanax 1 mg tabs (Alprazolam) 1 po bid pm; Prozac 20 mg caps (Fluoxetine HCL, 2 po qD; Omeprazole 20 mg CPDR (Omeprazole) one p.o. Q12 hours gastroprotection; Dicyclomine HCL 20 mg tabs (Dicyclomine HCL) 1 po bid. Notes showed on 04/02/2013 medications taken were Morphine Sulfate CR 60 Mg XR12H-Tab (Morphine Sulfate) 1 po tid pain; Percocet 10-325 Mg tabs (Oxycodone-Acetaminophen) 1 po quid prn pain; Lyrica 150 mg caps (Pregabalin) 1 PO BID pm neuropathic pain; Omeprazole 20 MG CPDR (Omeprazole) one p.o. Q12 hours gastroprotection/medication-induced reflux; Dicyclomine HCL 20 mg tabs (Dicyclomine HCL) 1 po bid for IBS (irritable bowel syndrome) (as recommended by G.I. [gastrointestinal] specialist); Xanax 1 mg tables (Alprazolam) 1 po bid pm anxiety; Prozac 40 mg caps (Fluoxetine HCL) once daily for depression. Xanax 1 mg tabs (Alprazolam) 1 po bid prn anxiety; Prozac 40 mg caps (Fluoxetine HCL) once daily for depression. Clinic noted on 07/08/2013 medications taken Morphine Sulfate CR 60 MG XR12H-tab (Morphine Sulfate) 1 po tid pain; Percocet 10-325 Mg tabs (Oxycodone-Acetaminophen) 1 po qid prn pain; Lyrica 150 MG caps (Pregabalin) 1 PO BID prn neuropathic pain; Omeprazole 20 Mg CPDR (Omeprazole)

one p.o., Q12 hours gastroprotection/medication-induced reflux; Dicyclomine HCL 20 Mg tabs (Dicyclomine HCL) 1 po bid for IBS (as recommended by G.I. [gastrointestinal] specialist); Xanax 1 Mg tabs (Alprazolam) 1 po bid prn anxiety. Prior UR medications taken on were 07/10/2013 Fluoxetine 40 mg qty:30.00; Percocet 10/325 mg qty:30.00; Xanax 1 mg qty:30.00. Medications taken on 08/02/2013 were Percocet 10/325 mg qty: 60.00. Medications taken on 09/06/2013 were Percocet 10/325 mg qty: 120.00. Medication taken on 11/05/2013 was Percocet 10/325 mg qty: 60.00. Medication taken on 11/20/2013 was Percocet 10/325mg #30. Medications taken on 12/10/2013 were Prozac 40mg (#30 w/1 refill) qty: 60.00; Morphine Sulfate 30 mg qty: 30.00, 7; Xanax 1 mg qty: 15.00. Prior surgeries were Implantation of spinal cord stimulator dated 08/17/2009; Caudal Epidural with Catheter dated 07/05/2011 and Epidural Steroid injection dated 08/01/2011. Medication list on 10/28/2013 Morphine Sulfate 0 mg tabs (Morphine Sulfate) 4 po qday pm pain; Percocet 10=325 mg tabs (Oxycodone-Acetaminophen) 1 po quid prn pain; Lyrica 150 mg caps (Pregabalin) a Po BID pm neuropathic pain; Omeprazole 20 mg cpdr (Omeprazole) one p.o. Q12 hours gastroprotection/medication-induced reflux; Dicyclomine HCL 20 mg tablet (Dicyclomine HCL) 1 po bid for IBS (as recommended by G.I. Specialist); Xanax 1 mg tablets (Alprazolam) 1 po bid on anxiety; Prozac 40 mg caps (Fluoxetine HCL) one p.o. daily for depression. Urine drug testing was performed on 01/18/2012 and 07/03/2013. CT Lumbar spine without contrast dated 05/27/2011 showed spondylolisthesis 5-S1, severe bilateral foraminal stenosis and moderate central stenosis at L4-5 due to disc bulging and there is bilateral foraminal bruising and mild central stenosis at L3-4 due to disc bulging. A clinic note on 12/02/2013 indicates patient complained of chronic severe low back pain. Medications taken were Morphine Sulfate 30 m

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine sulphate 30mg, 120 count: 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): 76-82.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for use of opioids. Furthermore, pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioids; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According the records submitted, the patient reported average pain without medications 10/10, with medications 1/10, and current pain at 5-6/10 throughout the review of available records. Also continued opioids use is recommended if patient has returned to work or has improved functioning and pain. There was not enough evidence of decreased pain level or functional improvement with the use of this medication. Also, slow tapering/weaning

process is recommended due to risk of withdrawal symptoms. The request for is morphine sulphate 30mg, 120 count, not medically necessary or appropriate.

Percocet 10/325 mg, 120 count: 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): 76-82.

Decision rationale: Percocet is a short-acting opioids also known as "normal release" or "immediate-release" opioids are seen as an effective method in controlling chronic pain. They are often use for intermittent or breakthrough pain. The Chronic Pain Medical Treatment Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for use of opioids. There is not enough evidence of decreased pain level or functional improvement with the use of this medication. The request for Percocet 10/325 mg, 120 count, is not medically necessary or appropriate.

Xanax 1 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, long-term use of benzodiazepines is not recommended because of unproven efficacy and risk of dependence. Guidelines do not recommend use more than 4 weeks. The patient has been on this medication for prolonged period of time. The request for is Xanax 1 mg, 120 count, not medically necessary or appropriate.

Dicyclomine HCL 20 mg, 120 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Physician Reviewer's decision rationale: CA MTUS and the Official Disability Guidelines do not discuss the criteria of this medication and hence other medical treatment guidelines have been consulted. The provider has prescribed this medication for irritable b

Decision rationale: The Physician Reviewer's decision rationale: CA MTUS and the Official Disability Guidelines do not discuss the criteria of this medication and hence other medical treatment guidelines have been consulted. The provider has prescribed this medication for

irritable bowel syndrome but there is no documentation that this patient has irritable bowel syndrome. The request for Dicyclomine HCL 20 mg, 120 count, is not medically necessary or appropriate

Omeprazole DR 20 mg, 120 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI) and according to the Chronic Pain Medical Treatment Guidelines, long-term use of PPI has shown increased risk of hip fracture. This patient has been on this medication for prolonged period of time, and there is no documentation that the patient reported any GI (gastrointestinal) upset. The request for Omeprazole DR 20 mg, 120 count, is not medically necessary or appropriate