

Case Number:	CM14-0008445		
Date Assigned:	02/12/2014	Date of Injury:	01/10/1994
Decision Date:	08/06/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/22/2014

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 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 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:

This 58-year-old patient had a date of injury on January 10, 1994. The mechanism of injury was not noted. On a physical exam dated December 23, 2013, the patient complains of chronic low back pain that radiates into both legs, sometimes the feet, causing numbness and a stabbing type feeling. Diagnostic impression shows spondylolisthesis, spinal stenosis, moderate multilevel degenerative disc disease of the lumbar spine. Treatment to date: medication therapy, behavioral modification. A UR decision on January 8, 2014 denied the request for Abstral 400mcg #32 between December 23, 2013 and February 28, 2014, which contains Fentanyl, indicating the ongoing use of opioid medication is supported with objective measurable improvement of function and pain, and there is an absence of significant evidence to support the addition of this medication given the absence of improvement with opioid use previously. Oxycodone 15 mg #140 between December 23, 2013 and February 28, 2014 was denied due to lack of overall functional improvement. Omeprazole 20mg between December 23, 2013 and February 28, 2014 was denied, saying the patient does not complain of dyspepsia and has no appreciable risk of gastrointestinal events documented within the available clinical history.

IMR ISSUES, DECISIONS AND RATIONALES

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

Abstral 400mcg, 32 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/abstral.html>.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Abstral sublingual tablets are used to treat breakthrough cancer pain. Abstral is taken together with other non-fentanyl narcotic pain medicine that is used around the clock. This medication is not for treating pain that is not cancer-related, such as pain from surgery or dental work, migraine headaches, or back pain. Furthermore, the patient is currently on Duragesic 50mcg/hr #15, oxycodone 15mg #60, methadone 10mg #60, which equates to a morphine equivalent dose of 320, far above the recommended maximum MED of 200. Excluding the Abstral, the patient is already at risk for developing opioid toxicity such as respiratory depression and seizures. Therefore, the request for Abstral 400mcg, 32 count, is not medically necessary or appropriate.

Oxycodone 15mg, 140 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Since this patient is noted to be on Fentanyl 50mcg/hr as well as methadone 10mg, sixty count, with a morphine equivalent dose of 200mcg, any further opioid therapy would increase complications associated with opioid toxicity such as seizures and respiratory depression. Furthermore, no documented functional improvement has been noted from current use of the opioid regimen. Therefore, the request for Oxycodone 15mg, 140 count, is not medically necessary or appropriate.

Prilosec 20mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK.

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

Decision rationale: Both the Chronic Pain Medical Treatment Guidelines and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal

ulcers, GERD (gastroesophageal reflux disease), erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient is noted to be on Celebrex, an NSAID that is already indicated for prophylaxis of GI complications. Furthermore, the patient has no documentation of GI complications. Therefore, the request for Prilosec 20mg, thirty count, is not medically necessary.