

Case Number:	CM14-0108041		
Date Assigned:	08/01/2014	Date of Injury:	06/19/2005
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/11/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 45 year-old male who was injured on 6/19/2005. He was diagnosed with cervical radiculitis, lumbar radiculopathy, right knee pain, gastritis, erectile dysfunction. He was treated with oral medications, physical therapy/exercises, Toradol injection (last one was on 6/9/14). The worker had been chronically using opioids for years and recently before this request had requested to use less medication, and was recommended by a previous independent medical reviewer to begin to wean down on the dose of opioids used as there had not been documented evidence of functional benefit from their use. There was also report of him being prescribed omeprazole for his gastritis, but it is unclear if he was taking this. The worker was seen on 6/24/14 by his pain specialist complaining of his lower right thigh pain (rated at 4-5/10 on the pain scale without medications) and that it was unchanged since the last visit. He reported difficulty with walking and sleep as a result of this chronic pain. At the time he had reported trying to not use any medication for his pain, and used over-the-counter medication for flare-ups as needed. He was then recommended to continue his home exercises and take Neurontin. A request was made that same day for a neurologist evaluation (as it was believed by his physician that his erectile dysfunction was at least partially related to his low back and thigh pain), gastrointestinal specialist evaluation (gastritis), and a refill of his Oxycontin 40 mg #60, Protonix, Norco, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): pp. 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, he reported not being on any opioids at his last visit and was only using over the counter medication for his pain (4-5/10 on pain scale). Previous requests have been denied for his Oxycontin. No new evidence of benefit with use of Oxycontin since the last review suggests that he was benefiting from using this medication significantly. Also, a wean was suggested previously, and the reviewer agrees with this step. Therefore, the Oxycontin is not medically necessary.

Protonix DR 20mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): pp. 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. No report of which medication the worker was using was found in the last office visit note, besides that he was taking over the counter medications for flare-ups. Even if this included NSAIDS, it is unlikely he would currently be a candidate for PPI therapy. Also, if he had been prescribed Omeprazole in the past, an additional medication in the same class would be unnecessary. Therefore, the Protonix is not medically necessary.