

Case Number:	CM14-0017404		
Date Assigned:	04/14/2014	Date of Injury:	07/30/1997
Decision Date:	05/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/11/2014

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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 52-year-old male who reported an injury on 07/30/1997. The mechanism of injury was not stated. The current diagnoses include low back pain, failed back surgery, and muscle spasm. The injured worker was evaluated on 12/05/2013. The injured worker reported increasing lower back pain. Physical examination revealed muscle spasm and tenderness to palpation. The treatment recommendations included continuation of Oxycodone, Dilaudid, Dexilant, and Senna plus.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR DEXILANT 60MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: University Of Michigan Health System Gastroesophageal Reflux Disease (Gerd), Ann Arbor (Mi); University Of Michigan Health System: 2012 May 12.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES PHYSICAL MEDICINE, 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, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.

PRESCRIPTION FOR OXYCODONE IR 15MG #120: 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): 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 Oxycodone 15 mg since 08/2013. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

PRESCRIPTION FOR BUTRANS PATCH 20MCG/HR #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The California MTUS Guidelines state buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain after detoxification in patients who have a history of opiate addiction. There is no evidence of opiate addiction or previous detoxification. Therefore, the injured worker does not meet criteria for the requested medication. Additionally, there is no frequency listed in the current request. As such, the request is not medically necessary.