

Case Number:	CM14-0019601		
Date Assigned:	02/21/2014	Date of Injury:	03/16/2012
Decision Date:	07/25/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/17/2014

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 Anesthesiology, 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 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 patient is a 45-year-old male with a 3/16/12 date of injury from lifting heavy lumbar. He is status post right CTR (2/14/13) and left shoulder arthroscopy (2014) with ongoing symptomatology and bilateral shoulder pain. There is also cervical spine pain. Most recent note dated 1/21/14 documented that current medications include clonazepam; Gabapentin; Mirtazapine; Naproxen; and Percocet. Medications were reviewed and reconciled with accordance to government guidelines. Current pain levels are 2-5/10, as well as difficulty sleeping. CURES report from 3 months previously was referenced. 12/30/13 Progress note described pain complaint sand requested mirtazapine at night for chronic pain and sleep and associated mood disorder. It was noted that right shoulder surgery is pending for 4/12/14. Pain ranges between 2-4/10 with medications and helps maintain some level of activity. Cervical ESI was requested for the exacerbated neck pain and as the patient was pending shoulder surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: as well as americanpainsociety.org.

Decision rationale: This request obtained an adverse determination because the most recent note documented that the patient was utilizing Percocet, and in fact cutting down the quantity of use. However, there was no discussion regarding oxycodone use. A 1/21/14 Progress note described Percocet 10/325 1-2 PO q 6 hrs. However, Percocet is acetaminophen and oxycodone. In addition, the 12/30/14 note indicated a renewed prescription for Oxycodone in the same formulation and dosage. The California MTUS requires documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior as part of ongoing opioid medication management. As there is a CURES report on file, description of pain relief from the use of prescribed medications, recent surgical and pending surgical intervention, as well as the patient's effort to reduce the quantity of Percocet use, the request is found medically reasonable.

GABAPENTIN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: The most recent note dated 1/21/14 documented that Gabapentin 100 mg 1-2 tablets tid is prescribed for neuropathic pain. The request obtained an adverse determination due to lack of documentation of dosage, as well as neuropathic pain. However, the patient has ongoing cervical spine pain and a cervical ESI was recently performed. The California MTUS considers Gabapentin a first line agent for neuropathic pain. There is documentation of reduction in pain with the use of the current regimen and the patient is attempting to cut down on opioid use. The request for Gabapentin is substantiated.

Miralax: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The National Library of Medicine. as well as ncbi.nlm.nih.gov.

Decision rationale: Medical necessity is not established for the requested medication. The National Library of Medicine states that Polyethylene glycol 3350 is used to treat occasional constipation. This request obtained an adverse determination due to lack of indications for the prescription. There was no report of constipation. This issue has not been rectified. There is no description of gastric complaints, including constipation.

Fibercon: 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 Other Medical Treatment Guideline or Medical Evidence: drugs.com.

Decision rationale: Medical necessity is not established for the requested medication. The National Library of Medicine states that Polyethylene Glycol 3350 is used to treat occasional constipation. This request obtained an adverse determination due to lack of indications for the prescription. There was no report of constipation. This issue has not been rectified. There is no description of gastric complaints, including constipation. The request remains not medically necessary.

Omeprazole: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation ODG, Pain Chapter.

Decision rationale: Medical necessity for this request is not established. The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no description of gastric side effects from prescribed medications or a gastrointestinal condition. The request remains not medically necessary.