

Case Number:	CM14-0118908		
Date Assigned:	08/06/2014	Date of Injury:	11/19/2001
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal 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:

The patient is an injured worker with a history a fall from an elevated height on 11-19-2001 resulting in multiple trauma injuries. An agreed medical evaluation (AME) report dated 09/15/2010 documented the patient's diagnoses as status post 11/19/2011 multiple trauma, status post ORIF of a right lateral tibial plateau fracture and right leg anterior compartment fasciotomy along with reduction with application of an external fixator and percutaneous pinning of a left distal radius fracture, status post open reduction and internal fixation ORIF of the left navicular fracture and left subtalar dislocation with debridement of the fractures of the cuneiform bone and proximal metatarsals, cervical spondylosis with a C5-6 left paramedian subligamentous protrusion, status post left foot double arthrodesis of the tarsal joint with autogenous bone graft and internal fixation along with neurolysis and cryosurgery of the sural neve and tenolysis of the peroneal tendon with removal of two buried screws, status post left carpal tunnel release and de Quervains tenolysis along with radial styloidectomy, posttraumatic head syndrome, psychological factors affecting physical condition, status post 01/03/2003 removal of hardware from the left foot, status post right knee and pubic symphysis surgery on 04/21/2003 with revision of her pubic symphysis on 05/12/2003, status post 11/12/2003 lumbar fusion on 11/12/2003, status post 02/27/2004 total knee replacement on 02/27/2004, status post 03/02/2005 pelvic screw removal, status post 07/08/2005 left foot fusion, chronic pain syndrome. Mechanism of injury was a 30 foot fall from a telephone pole. Injury date was 11/19/2001. Primary treating physician's progress report dated June 04, 2014 documented subjective complaints of lower backache. She is awaiting the caudal epidural steroid injection (ESI). She continues to require 5 Oxycodone daily. Current medications were Neurontin, Ditropan, Paroxetine, Miralax, Omeprazole, Exalgo ER 12 mg 1 tablet daily, Oxycodone 10 mg 1 tablet five times a day as needed. The objective findings were documented. Patient appear to

be well groomed. The patient appears to be well nourished and well developed. The patient appears to be calm. She has good communication ability. She does not show signs of intoxication or withdrawal. The patient has antalgic gait, slowed gait, assisted by cane. Lumbar spine range of motion is restricted with flexion limited to 75 degrees limited by pain, extension limited to 20 degrees limited by pain. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Lumbar facet loading is negative on both sides. Straight leg raising test is positive on both the sides in sitting at 60 degrees, and in supine position at degrees. Movements of neck are restricted with. Spurling's maneuver produces no pain in the neck musculature or radicular symptoms in the arm. Tenderness is noted in the cervical spine and paracervical muscles. Inspection of left wrist joint reveals mass on the dorsal surface. Tenderness to palpation is noted over left dorsal posterolateral wrist. Tenderness is noted over the SI joint and trochanter. Higher neurologic functions are grossly normal and motor testing limited by pain. Cerebellar examination is grossly normal. No skin rash is noted. Nerve conduction studies and electromyogram performed on 10/1/13 reported bilateral L4 and L5 radiculopathy. MRI lumbar spine dated 01/19/2011 documented findings of prior spinal surgery with L4-L5 laminectomy interbody fusion and posterior fusion with pedicle screws. At the fused level there may be mild right foraminal narrowing. L3-L4 level shows a slight annular bulge and trace auterolisthesis as well as advanced facet and ligamentous hypertrophy with resultant moderately severe central stenosis as well as lateral recess stenosis, and mild foraminal narrowing. L2-L3 slight disc bulge with mild right foraminal narrowing. Patient had EGD in 2013, and was told that she has the beginning of Barrett's esophagus related to acid reflux and gas, and was recommended gastrointestinal protective medications and medications for constipation Miralax. Diagnoses were pain in joint lower leg, depression with anxiety, foot pain, lumbar radiculopathy, hip bursitis. The treatment plan included epidural steroid injection, medications, and referral to orthopedic surgeon for the left wrist. Prescriptions included Oxycodone 10 mg 5 tablets per day as needed for pain, Exalgo ER 12mg daily, Celebrex, Omeprazole for acid disturbances secondary to medications. Patient will return to clinic in 4weeks. Caudal epidural steroid injection was performed on 06-16-2014. Progress reports dated 05-07-2014, 04-09-2014, 03-12-2014, and 02-12-2014 documented prescriptions for Exalgo ER 12 mg daily, Oxycodone 10 mg, Omeprazole, Miralax. The utilization review decision date was 07-22-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Miralax powder, with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Treatment Index, 11th Edition (web), 2013, Chronic Pain, Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 77.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. The medical

records document the long-term use of opioids. The patient's medication regimen includes Exalgo ER and Oxycodone, which are opioids. The MTUS Guidelines recommend prophylactic treatment of constipation for patients prescribed opioid medications. Therefore, the request for Miralax powder, with 3 refills is medically necessary.

Oxycodone 10 mg, #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 88-89.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (page 89) presents the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. The progress reports document regular and stable opioid use. The progress reports dated 06-04-2014, 05-07-2014, 04-09-2014, 03-12-2014, and 02-12-2014 documented prescriptions for Exalgo ER 12 mg daily and Oxycodone 10 mg 5 tablets per day as needed. The patient has been reevaluated monthly on a regular basis. The medical records document objective evidence of significant pathology and benefit from pain medications. The medical records and MTUS guidelines support the maintenance of the patient's opioid regimen which includes Oxycodone 10 mg therefore, the request for Oxycodone 10 mg, #150 tablets is medically necessary.

Exalgo Extended Release 12 mg, #30 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 88-89.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines (page 89) presents the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. The progress reports document regular and stable opioid use. The progress reports dated 06-04-2014, 05-07-2014, 04-09-2014, 03-12-2014, and 02-12-2014 documented prescriptions for Exalgo ER 12 mg daily and Oxycodone 10 mg 5 tablets per day as needed. The patient has been reevaluated monthly on a regular basis. The medical records document objective evidence of significant pathology and benefit from pain medications. The medical records and MTUS guidelines support the maintenance of the patient's opioid regimen which includes Exalgo ER 12 mg therefore the request for Exalgo Extended Release 12 mg #30 tablets is medically necessary.

Omeprazole Delayed Release 40 mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk Page(s): 68-69.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. The medical records document that the patient had an (EGD) esophagogastroduodenoscopy in 2013, and was told that she has the beginning of Barrett's esophagus related to acid reflux, and was recommended gastrointestinal protective medications. The progress report dated 06-04-2014 documented that the patient had an upcoming consultation with a gastroenterologist physician scheduled. The medical records documented a prescription on 06-04-2014 for Celebrex (NSAID) which is a gastrointestinal risk factor. The medical records document that the patient has gastrointestinal risk factors. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Omeprazole therefore the request for Omeprazole Delayed Release 40 mg #30 is medically necessary.