

Case Number:	CM14-0129572		
Date Assigned:	08/20/2014	Date of Injury:	05/16/2011
Decision Date:	09/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/14/2014

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:

According to the provided medical reports, this patient is a 34 year old male who was injured on 5/16/11. He was reportedly lifting a cement object and developed pain over left chest radiating through to the interscapular spine. Then he began to experience low back pain. There was a T1 spinous process fracture and disc at L5-S1. There is description of persistent symptoms despite conservative treatment. There has been treatment with acupuncture, massage, physical therapy greater than 12 sessions and moderate relief with chiropractic. He has been declared Permanent and Stationary. There is a 2/12/14 pain medicine progress report which indicates the patient continued to have neck pain, mid back and low back pain. The pain can be 7-8/10 before medications coming down to 3-4/10 with medications. He was doing yoga and trying to exercise more the pain is coming back. He has been doing acupuncture which helps the neck. There is numbness radiating from the neck and left side of the head. Diagnoses were neck pain, thoracic spine pain, lumbar pain and chest pain. There were MRIs of the neck, thorax and lumbar that showed small bulging disks described as unremarkable. Chest x-ray was reported negative. Patient was to continue medications that included Percocet BID, Gabapentin and Colace. He was dispensed 60 Omeprazole to be decreased to once a day and he was given Ambien #30 for PRN use. Robaxin was being stopped. Additional acupuncture was ordered. The plan was to see him back in a couple of months. Work status was a modified status but there was no indication the patient was working. The pain management physician report of 4/14/14 indicated that the patient was only using a little bit of Percocet but was given 2 months of medications. Constipation was noted. There is a 5/16/14 internal medicine report stated the patient was NOT taking a sleeping pill and that Cymbalta did not help him. This noted that the patient developed gastritis and reflux like symptoms in the past and Omeprazole was prescribed for that. His symptoms are rare since the Omeprazole. The requesting report of 6/9/14 from the Pain Management physician stated the

medications are "helpful", pain levels are 8/10 without medication and 6/10 with medication. He was complaining of cough, splitting up blood intermittently. He still has blood in his stool. He also has gastritis and burning sensation. Objective findings stated no change. He saw ENT for his numbness and tingling in the tongue with white patches; who could not find any cause and he was referred to pulmonologist because of the coughing up blood. Patient was given a 2 month supply of medications including Percocet 5/325 #60 and the 2nd one to be filled after 7/9/14. Neurontin 300 mg #270 was prescribed and another prescription for Percocet not to be filled until 8/5/14 was prescribed. Patient was given Colace 100 mg #200, Omeprazole 20 mg #180 and Ambien 10 mg #60. He was encouraged to be as active as possible. He remained on light duty but again there is no mention that he was actually working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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

Decision rationale: This is the brand name for generic oxycodone 5 mg acetaminophen 325 mg. Use of this medication is chronic. The patient may use up to 2 a day but there has never been documentation by the prescribing physician how many the patient actually uses each day, or how many he has on hand when refills are prescribed. While the patient gets a modest improvement in subjective pain complaints, there has not been any change documented in this patient's ongoing activities and function. There is no documentation of any progress towards returning to regular work. This patient has multiple somatic complaints in addition to those complaints of poorly localized pain in his neck and back and lower back. Objectively findings are minimal. MTUS guidelines do not support a trial of opiates beyond 2-4 months without evidence of overall improvement in function. Continued use of the short acting opiate is not supported by guides. Therefore, based on the evidence and the guidelines, this request is considered not medically necessary.

Percocet 5/325 #60 DND: 7/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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

Decision rationale: This is the brand name for generic oxycodone 5 mg acetaminophen 325 mg. Use of this medication is chronic. The patient may use up to 2 a day but there has never been documentation by the prescribing physician how many the patient actually uses each day, or how

many he has when refills are prescribed. While the patient gets a modest improvement in subjective pain complaints, there has not been any change documented in this patient's ongoing activities and function. There is no documentation of any progress towards returning to regular work. This patient has multiple somatic complaints in addition to those complaints of poorly localized pain in his neck and back and lower back. Objectively findings are minimal. MTUS guidelines do not support a trial of opiates beyond 2-4 months without evidence of overall improvement in function. Continued use of the short acting opiate is not supported by guides. Therefore, based on the evidence and the guidelines, this request is considered not medically necessary.

Percocet 5/325 #60 DND: 8/9/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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

Decision rationale: This is the brand name for generic oxycodone 5 mg acetaminophen 325 mg. Use of this medication is chronic. The patient may use up to 2 a day but there has never been documentation by the prescribing physician how many the patient actually uses each day, or how many he has when refills are prescribed. While the patient gets a modest improvement in subjective pain complaints, there has not been any change documented in this patient's ongoing activities and function. There is no documentation of any progress towards returning to regular work. This patient has multiple somatic complaints in addition to those complaints of poorly localized pain in his neck and back and lower back. Objectively findings are minimal. MTUS guidelines do not support a trial of opiates beyond 2-4 months without evidence of overall improvement in function. Continued use of the short acting opiate is not supported by guides. Therefore, based on the evidence and the guidelines, this request is considered not medically necessary.

Gabapentin 300mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

Decision rationale: This an anti-epileptic medication supported by MTUS guidelines for treatment of chronic pain particularly chronic neuropathic pain. There is no report that documents that this patient has neuropathic pain. Additionally, there is no documentation that use of this medication has resulted in any objective functional benefit or even any specific subjective improvement in his pain. Thus, based upon the evidence and guidelines continued use is not considered medically necessary.

Colace 250mg #200: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/colace-dss-docusate-342012>.

Decision rationale: This is a brand name for a medication called Diocetyl Sodium Salt. It is indicated for the occasional use for constipation. Use of this medication has been chronic. The submitted medical reports indicate that this patient sometimes has diarrhea and sometimes is constipated. He has been evaluated for complaints of blood in the stool and was reportedly found to have hemorrhoids. There is no documentation of how much this patient actually uses this medication and whether or not it helps. Without documentation that this is of any benefit or that the patient is even using it, MTUS guidelines do not support ongoing use of any medication. Therefore, based upon the evidence and the guidelines, this is not considered medically necessary.

Omeprazole 40mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.fda.gov/drugs/drugsafety/ucm245011.htm> and <http://reference.medscape.com/drug/prilosec-omeprazole-341997#5>.

Decision rationale: Patient had apparently previously been prescribed oral NSAIDs and developed some gastritis. Despite stopping the NSAID the reports indicate that the patient continues to have reflux like symptoms and gastritis which was treated with the Omeprazole and which has apparently since then controlled the symptoms. However, the current report indicates patient still complaining of gastritis. Therefore, this medication is not been effective. There is no justification for providing this patient with enough medication for an additional 6 months. Therefore, based upon the evidence the guidelines this is not considered medically necessary.

Ambien 10mg #60: Upheld

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 Worker's Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Medications.

Decision rationale: This is also known as Zolpidem, it is a medication for insomnia. MTUS guidelines do address insomnia but it is addressed in the ODG. In this setting, this patient is using it chronically or at least has been prescribed chronically. There has not been any documentation of efficacy, i.e. whether or not it helps, there is no documentation of the actual frequency of use of medication. He told one provider was not using any sleeping medication. Chronic use / prescription of Zolpidem is not supported by ODG or by the prescribing information. Taking into consideration the available evidence and the guidelines, this is not considered medically necessary.