

Case Number:	CM14-0153904		
Date Assigned:	09/23/2014	Date of Injury:	03/25/2013
Decision Date:	12/03/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Geriatrics and is licensed to practice in New York. 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 40-year-old man with a date of injury of 3/25/13. He was seen by his provider on 8/16/14 with complaints of chronic low back pain, neck pain, shoulder, bilateral arm pain, and headaches. His medications included Percocet, Neurontin, flexeril, Ibuprofen, MS Contin, Trazodone, and Prilosec. Length of prior therapy is not documented in the note. He had no GI complaints noted on review of systems. His exam showed an antalgic gait. He had some tightness and tenderness of the posterior cervical region with 25% restriction in extension and flexion. He had severe tenderness and tightness over right > left lumbosacral area and paraspinal musculature. He had 90% restriction of lumbar extension and 30% restriction of flexion. He had a negative Patrick's and negative straight leg rise. His sensory exam showed hypoesthesia and dysesthesia posterior and lateral upper extremities and lateral aspect of the leg. He had hypoflexia on the right patella and ankle. He had a lumbar MRI in 5/13 showing mild paracentral disc protrusion with impingement of the right L4 nerve root and disc extrusion at L4-5. He had mild disc bulge at L5-S1 and facet joint arthrosis from L3-S1. His diagnoses were lumbar degenerative disc disease at L3-4 and L4-5, lumbar radiculopathy status post two epidural injections with benefit, facet osteoarthritis, spinal stenosis at L3-4 and L4-5, cervical neck pain with possible DDD and cervicalgia. At issue in this review are the refills of Oxycontin, Percocet, Prilosec, Motrin, and a lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 40-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics, NSAIDs, and muscle relaxants. In opioids use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The provider visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of MS Contin is not substantiated.

Percocet 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 40-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics, NSAIDs, and muscle relaxants. In opioids use, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The provider visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Percocet is not substantiated.

Motrin 800mg #90 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: This 40-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics, NSAIDs, and muscle relaxants. NSAIDs

are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The provider visit of 8/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify ongoing use. The medical necessity of Motrin is not substantiated.

Prilosec 20mg #30 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This 40-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics, NSAIDs, and muscle relaxants. Prilosec is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). He has no GI symptoms documented in the note or on review of systems. The records do not support that he meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of Omeprazole.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This 40-year-old injured worker has chronic pain with an injury sustained in 2013. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics, NSAIDs, and muscle relaxants. MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, his lumbar pathology had been delineated and documented on prior MRI. In the absence of physical exam evidence of red flags, a repeat MRI of the lumbar spine is not medically substantiated.