

Case Number:	CM14-0164571		
Date Assigned:	10/09/2014	Date of Injury:	08/11/1990
Decision Date:	11/10/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 injured worker is a 64-year-old female who sustained an injury on August 11, 1990. She is diagnosed with (a) post laminectomy syndrome; (b) low back pain; (c) myofascial pain syndrome; (d) muscle spasms; (e) status post Intrathecal pump placement; and (f) status post catheter tip granuloma, subsequent catheter removal, and Intrathecal pump removal. She was seen for an evaluation on October 7, 2014. She reported that she takes omeprazole to help with stomach upset due to medication. She was taking Oxycontin 40 mg three times daily. It decreased her pain by 75% in activities of daily living. The pain level was rated 7/10. Without medications, it was rated more than 10/10. She reported that medication lasts for 8 to 12 hours and brought down her frequency of flares and that medications improved her quality of life. She stated that she was taking Percocet for breakthrough medication. It decreased flare of pain greater than 60% to 70%. The examination revealed bilateral lumbosacral tenderness. The range of motion was limited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-77.

Decision rationale: The request for Oxycontin 40 mg #90 is considered medically necessary at this time. Review of medical records revealed that the injured worker responded favorably to this medication as she reported that it decreased her pain by 75%. As required by the Chronic Pain Medical Treatment Guidelines to continue use of opioids, there was evidence of improved pain and functioning. The decision for Oxycontin 40 mg #90 is reversed as it appears medically necessary based on the guidelines and reviewed medical records. The evidence of improved pain and functioning as a result of taking Oxycontin has been provided and, therefore, Oxycontin ER 40mg #90 with 1 refill is medically necessary.

Percocet 10/325mg #90 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-77.

Decision rationale: The request for Percocet 10/325 mg #56 is considered medically necessary at this time. Review of medical records revealed that the injured worker responded favorably to this medication as she reported that it decreased her flare-ups by about 60% to 70%. As required by the Chronic Pain Medical Treatment Guidelines to continue use of opioids, there was evidence of improved pain and functioning. The decision for Percocet 10/325 mg #56 is reversed as it appears medically necessary based on the guidelines and on the reviewed medical records. The evidence of improved pain and functioning as a result of taking Percocet has been provided and, therefore, Percocet 10/325mg #90 with 1 refill is medically necessary.

Omeprazole 20mg #30 with 1 refill: Overturned

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

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

Decision rationale: The request for omeprazole 20 mg #30 is considered medically necessary at this time. Per the Official Disability Guidelines, proton pump inhibitors are recommended for injured workers at risk for gastrointestinal events. Review of medical records indicates that the injured worker experiences stomach upset secondary to medications, which gets resolved by omeprazole. As there was documentation of gastrointestinal events due to medication intake, clinical case of the injured worker met the criteria for the use of omeprazole. The decision for omeprazole 20 mg #30 is reversed as it appears medically necessary based on the guidelines and on the reviewed medical records. The injured worker reported episodes of stomach upset due to

medication intake, which warrants the need for omeprazole. Therefore, Omeprazole 20mg #30 with 1 refill is medically necessary.