

Case Number:	CM14-0166956		
Date Assigned:	10/14/2014	Date of Injury:	12/02/2002
Decision Date:	11/17/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 12/2/02. A utilization review determination dated 9/18/14 recommends non-certification of oxycodone, Senna LAX, baclofen, and omeprazole. It referenced a 6/19/14 medical report identifying low back pain radiating down the LLE. The patient is said to have RSD. Oxycodone helps with function including grooming and getting up from a seated position with 40% pain relief. Baclofen helps with ADLs and about 30% pain relief as well as acute muscle spasms that the claimant has 10-12 times per month. Senokot and Prilosec are needed for GI issues due to ongoing medication use. On exam, there is pain over the lumbar spine intervertebral spaces and a 6 mm ulceration under the right toe. The provider monitors for analgesia, ADLs, side effects, and aberrant drug taking behavior. The patient is also noted to have a pain agreement on file and is monitored by means of CURES reports and UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 10mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Opioids for Neuropathic Pain and Therape.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for oxycodone, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain, with specific examples of each provided. The provider notes that there are no intolerable side effects or aberrant behaviors. In light of the above, the request for Oxycodone is medically necessary.

Senna LAX 8.6mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Senna LAX, California Pain Medical Treatment Guidelines support the prophylaxis of constipation in patients undergoing chronic opioid therapy. Within the documentation available for review, the patient is noted to utilize opioids. In light of the above, the request for Senna LAX is medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the request for Baclofen is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines TWC Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68-69 of 127.

Decision rationale: Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there are noted to be unspecified GI issues due to ongoing medication use, but without a clear description of these issues and the patient's response to prior treatment with this medication, there is no clear indication for this medication. In light of the above issues, the request Omeprazole (Prilosec) is not medically necessary.