

Case Number:	CM14-0181218		
Date Assigned:	11/05/2014	Date of Injury:	09/23/2012
Decision Date:	12/15/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/30/2014

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 Interventional Spine 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 a 33-year-old female with an injury date of 09/23/2012. Based on the 04/16/2014 progress report, the patient complains of having sharp, severe, deep type pain across her lower back with pain and numbness in her right lower extremity. She is unable to put any weight on her right leg and has difficulty walking/standing for any length of time. The patient rates her pain as a 10/10 without medications and a 9/10 with medications. She has decreased sensation in her right lower extremity as well as tenderness over her lumbar facet and paraspinal muscles, more so on the right. The patient has a decreased range of motion on her right ankle secondary to pain and has a positive straight leg raise on the right. She ambulates with a severe antalgic gait. The 04/23/2014 report indicates that the patient has a pinched nerve and has persisting pain. Patient is diagnosed with the following: 1. Right L5-S1 radiculopathy. 2. Low back pain. 3. Lumbar discogenic pain. 4. Lumbar spinal stenosis. 5. Diabetes. The utilization review determination being challenged is dated 09/26/2014. Treatment reports were provided from 03/19/2014 - 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: Based on the 04/16/2014 progress report, the patient complains of having low back pain and numbness in her right lower extremity as well as right ankle pain. The request is for Omeprazole 20 mg #60. The report with the request was not provided. There is no indication of when the patient began taking Omeprazole nor is there any discussions provided in regards to this medication. MTUS guidelines, pages 68 and 69, state that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1) age is greater than 65; 2) history of peptic ulcer disease and GI bleeding or perforation; 3) concurrent use of ASA or corticosteroids and/or anticoagulant; 4) high-dose/multiple NSAID. There is no recent report to indicate what medications the patient is taking. The physician does not discuss any GI issues that the patient may have. There is no documentation of the patient being on any oral NSAIDs. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the MTUS guidelines. The request is not medically necessary.

Nucynta 200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89, 78.

Decision rationale: According to the 04/16/2014 progress report, the patient complains of lower back pain with numbness in her right lower extremity as well as right ankle pain. The request is for NUCYNTA 200 mg #60. The report with the request was not provided. There is no indication of when the patient began using Nucynta nor are there any discussions provided in regard to how this medication has impacted the patient's pain. The MTUS Guidelines, pages 88-89, states, "The pain should be assessed at each visit and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS, page 78, also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. In this case, the physician does not provide any statements in regards to how the medication is helpful to the patient, there are no significant ADL changes to demonstrate medication efficacy. No urine toxicology is provided, and there are no other chronic opiate management issues such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS. Due to lack of documentation, the request is considered not medically necessary.