

Case Number:	CM14-0028355		
Date Assigned:	06/16/2014	Date of Injury:	04/17/2001
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/06/2014

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 52-year-old man with a date of injury of 4/17/01. He was seen by his primary treating physician on 1/22/14 with complaints of mid back and tail bone pain. His sitting and standing tolerance is improved by 40 percent with opioids per the notes. His medications include oxycontin, ketorolac, lyrica, lidoderm patch, MS Contin, naproxyn, nexium and trazadone. His physical exam showed tenderness over his paraspinal muscles and restricted range of motion and spasm. The injured worker had antalgic gait and tenderness and spasm of his lumbar paravertebral regions. His straight leg raise was negative bilaterally and his lower extremity strength was 4/5. The injured worker had a lumbar MRI (magnetic resonance imaging) in 12/12 showing solid bony fusion at L4-5 and L5-S1. The injured worker had end plate changes at L2-3 not significantly changed from a 2011 MRI and facet hypertrophy with unchanged bilateral moderate to severe foraminal stenosis at this level. At issue in this review are the prescriptions for MS Contin, nexium, oxycodone and a lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of MS Contin 30mg #63: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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

Decision rationale: The injured worker is a 52-year-old man with a date of injury of 4/17/01. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and non-steroidal anti-inflammatory drugs (NSAIDs). Per CA MTUS guidelines, in opioid 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. In this case, the MD visit of 12/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The injured worker is also receiving NSAIDs and Lyrica for pain. The medical necessity of MS Contin is not substantiated in the records. As such, the request for one (1) prescription of MS Contin 30mg #63 is not certified.

Prospective request for one (1) prescription of Nexium 40mg #30 with four (4) refills:
Upheld

Claims Administrator guideline: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Section NSAIDs, GI symptoms & cardiovascular risk, pgs. 68-69.

Decision rationale: This worker has back pain. His medical course has included use of several medications including non-steroidal anti-inflammatory drugs (NSAIDs), opioids and Lyrica. Per MTUS guidelines, Nexium 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: age older than 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Nexium. As such, the request for one (1) prescription of Nexium 40mg #30 with four (4) refills is not certified.

Prospective request for one (1) prescription of Oxycodone 15mg #84: Upheld

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

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

Decision rationale: The injured worker is a 52-year-old man with a date of injury of 4/17/01. His medical course has included numerous diagnostic and treatment modalities including ongoing use of several medications including narcotics and non-steroidal anti-inflammatory drugs (NSAIDs). Per CA MTUS guidelines, in opioid 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. In this case, the MD visit of 12/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The injured worker is also receiving NSAIDs and Lyrica for pain. The medical necessity of Oxycodone is not substantiated in the records. As such, the request for one (1) prescription of Oxycodone 15mg #84 is not certified.

Prospective request for one (1) MRI (magnetic resonance imaging) of the lumbar spine:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: This injured worker had prior radiographic studies including MRI (magnetic resonance imaging) of the lumbar spine. Per ACOEM guidelines, MRI can be useful to identify and define low back pathology in disc protrusion and spinal stenosis. However, the injured worker lumbar pathology had been delineated and documented on prior studies. In the absence of physical exam evidence of red flags, a MRI of the lumbar spine is not medically indicated. As such, the request for one (1) MRI (magnetic resonance imaging) of the lumbar spine is not certified.