

Case Number:	CM14-0036127		
Date Assigned:	06/23/2014	Date of Injury:	01/02/2012
Decision Date:	07/21/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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 32 year old man with a date of injury of 1/2/12. He is status post posterior L5-S1 fusion on 11/5/12. He was seen by his physician on 3/6/12 with complaints of chronic low back pain. His current medications included oxycontin 60mg bid and percocet for breakthrough pain as well as protonix. It is not documented in the note when the initial prescription for these medications was but record review indicates at least since summer 2013. His medications allow him to sleep better, walk better and get out of bed. His physical exam showed an antalgic gait with grossly intact sensory exam. He had pain with neck flexion and extension. His straight leg raise and facet loading tests were positive bilaterally. His diagnoses were lumbago, lumbar facet arthropathy, postlaminectomy syndrome and sciatica. At issue in this review are the medications oxycontin, percocet and protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Proton Pump Inhibitors(PPIs).

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

Decision rationale: This 32-year-old worker has chronic back pain with minimal limitations noted on physical examination. His medical course has included use of several medications including Opioids and lumbar surgery. Protonix is a proton pump inhibitor, which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. The California MTUS, 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). The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of protonix. Therefore, the request is not medically necessary.

Percocet 10/325mg #180 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 32 year old worker has chronic back pain with minimal limitations noted on physical examination. His medical course has included use of several medications including opioids and lumbar surgery. 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. The MD visit of 3/6/14 fails to document any side effects or significant physical exam findings to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity for percocet long-term is not substantiated in the records.

OxyContin 60mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OxyContin (Oxycodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 32 year old worker has chronic back pain with minimal limitations noted on physical examination. His medical course has included use of several medications including opioids and lumbar surgery. 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. The MD visit of 3/6/14 fails to document any side effects or significant physical exam findings to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity for oxycontin long-term is not substantiated in the records.

