

Case Number:	CM14-0057701		
Date Assigned:	07/09/2014	Date of Injury:	12/29/2010
Decision Date:	08/29/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 62-year-old female who has submitted a claim for degeneration of cervical intervertebral disc, degeneration of lumbar or lumbosacral intervertebral disc, chronic pain syndrome, cervical radiculopathy, thoracic or lumbosacral neuritis or radiculitis, sacroiliitis, myalgia and myositis, associated with an industrial injury date of December 29, 2010. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 03/19/2014, showed low back, bilateral leg, posterior neck, and bilateral arm pain. Physical examination revealed gait was very stiff and mildly antalgic. There was moderate tenderness over the cervical paraspinal muscles from C3 to C7. There was tightness and mild tenderness of bilateral trapezius muscles. Cervical spine motion was restricted at least 50% in all planes. There was severe tenderness over the entire interscapular region greatest over T2-T10 and over medial borders of the scapulae. There was moderate tenderness diffusely over entire lumbosacral region from L1 to bilateral S1 joints, extending out to hip trochanteric bursas. There was very severe tenderness over bilateral trochanteric bursas. Lumbar flexion was reduced to approximately 30%. There was positive bilateral straight leg raises. There was severe tenderness over bilateral S1 joints with severe pain elicited with bilateral Patrick's tests. Neurologic exam revealed hypoesthesia and dysesthesia in bilateral forearms and thumbs, and also in the bilateral lower extremities in the posterolateral aspects of the legs from hips to heels. There was severely tender dysesthesia along the medial borders of scapulae. Treatment to date has included epidural steroid injection, physical therapy, chiropractic therapy, and medications such as Prilosec since 2012, Oxycodone prescribed 03/19/2014 and Percocet since 2007. Utilization review from 04/10/2014 denied the request for the purchase of Oxycodone 10mg #240 because the patient was described as having significant side effects from this medication in the past. The patient was also on another short acting opioid, Norco, and it was unclear from available records why this medication would be

added. The request for Prilosec was denied because there was no description of GI side effects and it was unclear from the available record why the addition of this medication would be indicated under circumstances. The request for Percocet was denied because the patient was described as having significant side effects from this medication in the past. The patient was also on another short acting opioid, Norco, and it was unclear from available records why this medication would be added.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient was prescribed Oxycodone, dated 03/19/2014. However, the patient was on another short acting opioid, Norco. It is unclear from available records why this medication would be added. There is no discussion to support the need for additional use of another opioid. Therefore, the request for OXYCODONE 10MG #240 is not medically necessary.

Prilosec: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (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. In this case, patient is on Prilosec since 2012. The medical records do not reveal any gastrointestinal risk factors as stated above, but there was documented complaints of intermittent stomach pain. However, the frequency of use, dosage and quantity were not specified. The request was incomplete. Therefore, the request for purchase of PRILOSEC is not medically necessary.

Percocet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Percocet as early as 2007 which was discontinued on an unspecified date. However, the patient was on another short acting opioid, Norco. It is unclear from available records why this medication would be added. There is no discussion to support the need for additional use of another opioid. Moreover, the frequency of usage, dosage and quantity were not specified. The request is incomplete. Therefore, the request for PERCOCET is not medically necessary.