

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0061757 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 11/14/2008 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/02/2014 |

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 Family Medicine is licensed to practice in New Jersey. 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 56 year old male who was injured on 11/14/2008 after becoming pinned between a crane and a cart. He was later diagnosed with lumbar disc herniations (lumbar spondylosis), right shoulder sprain, and lumbago. He also has a history of depression, anxiety, hypertension, gout, and psoriasis. He was treated with physical therapy, acupuncture, oral medications which included opioids which lead to chronic constipation, lumbar facet neurectomy, TENS unit, lumbar facet joint injections, and later lumbar spinal fusion (8/21/12). On 12/5/13, the worker saw his treating physician complaining of low back pain and right shoulder pain rated at 7/10 on the pain scale. He was then prescribed Cyclobenzaprine, Hydrocodone, Naproxen, Omeprazole, Oxycodone 5 mg, and OxyContin 40 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy; On-Going Management Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The injured worker, in this case, had been using Omeprazole chronically. Although he had been taking Naproxen daily for his pain, the dose wouldn't be considered a high dose, and no evidence was found in the documents available for review that would suggest he was at a high risk for gastrointestinal events. Therefore, the request for 30 Capsules of Omeprazole 20mg is not medically necessary and appropriate.

120 Tablets of Oxycodone 5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy; On-Going Management Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient current documented evidence that showed OxyContin and oxycodone were improving his function, which is required for consideration of continuation of these medications. Therefore, they both are not medically necessary.

120 Tablets of Oxycontin 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy; On-Going Management Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to

improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this injured worker, there was not sufficient current documented evidence that showed OxyContin and Oxycodone were improving his function, which is required for consideration of continuation of these medications. Therefore, the request for 120 tablets of Oxycodone 5 mg is not medically necessary and appropriate.