

Case Number:	CM14-0072967		
Date Assigned:	09/05/2014	Date of Injury:	05/23/2003
Decision Date:	10/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/20/2014

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 Medicine and is licensed to practice in Texas. 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 43 year old male who had a work related injury on 05/23/13. The most recent medical record submitted for review is dated 02/19/14. The injured worker reports continuing pain in his neck and low back. He continues to do his home exercise program and work regularly. Continues to feel that his medications allow him to be functional and work full time. He continues to take between 6 and 10 Norco per day, depending on his pain level, #240 Norco lasts for 30 days, and the injured worker does not run out early. He would like to continue to refill the Norco, Oxycontin, Naproxen, and Omeprazole today. The injured worker rates his pain as a 6-10/10 in intensity without pain medication and as a 4-6/10 in intensity with pain medication. He has a reduction in his pain with medication and alternating positions. Physical examination reveals an injured worker in no acute distress. No signs of over medication, no signs of sedation. Cervical spine examination, he has 5/5 bilateral upper extremity strength. Upper extremity DTRs are 2+ and symmetric. Spurling's sign elicits neck pain. There is tenderness over the bilateral C5-6 to C6-7 cervical paraspinals and bilateral trapezius. Cervical spine range of motion is reduced in all planes approximately 70% in range of motion. Lumbar examination reveals 5/5 bilateral lower extremity strength. Patellar DTRs are 3+. Achilles DTRs are 2+. Positive clonus on the right side at 3 to 4 beats. Positive clonus on the left side 1 to 2 beats. Sensation is reduced in the lateral posterior legs right greater than left. There was tenderness over the right lumbar paraspinals. There is pain with lumbar flexion and extension. Straight leg raise is positive bilaterally. Right greater than left. Normal heel and toe walking. Current medications Hydrocodone, Norco 10/325mg, Omeprazole 20mg, Oxycodone 30mg tablets 1 tablet every 12 hours, and Naproxen Sodium. Diagnoses lumbar post-laminectomy syndrome. Lumbar degenerative disc disease. Lumbar radiculopathy. Low back

pain. Chronic pain syndrome. Myalgia. Annular tear of the lumbar disc. Cervical myelopathy. He has had 1 UDS that accompanies his documentation which is consistent. There is no indication or documentation that the injured worker has gastrointestinal problems or that he is at risk of developing gastrointestinal problems. Current request is for Norco 10/325mg #210, Oxycontin 20mg #60, and Prilosec 20mg #60. Prior utilization review on 05/07/14 the Norco was modified to a certification of 1 prescription for 60, Oxycontin was modified to a certification of a prescription for #45, Prilosec was non-certified, and Anaprox was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the injured worker is able to continue to work as a result. Therefore medical necessity has been established.

Oxycontin 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine sulfate Page(s): 56.

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates significant decrease in pain scores with the use of medications and the injured worker is able to continue to work as a result. The request is medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - online version Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Proton pump inhibitors (PPIs)

Decision rationale: As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. As such, the request for this medication cannot be established as medically necessary.