

Case Number:	CM13-0004055		
Date Assigned:	03/03/2014	Date of Injury:	10/31/1995
Decision Date:	02/28/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 61 year old male with a date of injury of October 31, 1995. Results of the injury include right knee and lumbar spine. Diagnosis included lumbar spondylosis w/o myelopathy, lumbar degenerative disc disease and lumbar radiculitis. Assessment included status post right knee ACL reconstruction, status post revision right knee arthroscopy with ACL reconstruction, Synvisc one for the right knee most recently on April 23, 2013 and Kenalog injection to the right knee on June 6, 2013, and status post right total knee arthroplasty. Treatment has included surgery, selective nerve blocks of the lumbar spine, facet blocks of the lumbar spine, cervical collar, ice, anti-inflammatories, self directed stretching and strengthening exercises, and pain management. Right knee Magnetic Resonance Imaging (MRI) scan dated August 20, 2012 revealed grade 4 osteoarthritis and Bakers cyst. Progress report dated December 5, 2013 showed a well healed scar to the right knee. Trace effusion. The range of motion was from 0 to 135 degrees. Work status was noted as totally and temporary disabled. Treatment plan was to continue the use of ice, anti-inflammatories, and self directed stretching and strengthening exercises. Utilization review form dated July 12, 2013 Non certified Omeprazole 20 mg # 23. Oxycontin 40 mg # 46 was modified according to MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF OMEPRAZOLE 20MG #23 BETWEEN 7/10/2013 AND 9/8/2013:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Katz PO, Gerson LB, Vela MF. Guidelines for diagnosis and management of gastroesophageal reflux disease . Am J Gastroenterol. 2013 Mar; 108(3):308-28

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #23 between July 10, 2013 and September 8, 2013 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer and G.I. bleeding; concurrent use of aspirin or corticosteroids; and high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured workers working diagnoses are lumbar radiculopathy; bilateral lumbar facet syndrome; chronic low back pain; and status post lumbar fusion L2, L3. The injured worker underwent anterior lumbar fusion at L2, L3 with interbody graft. The injured worker's subjective complaints are low back pain radiating to the lower extremities. The VAS pain score is five 6/10. On physical examination there is tenderness at L3 through L5 bilaterally; range of motion is limited; straight leg raising his positive bilaterally. The injured worker states Omeprazole helps his upset stomach as a result of other pain medications. There is no specificity in terms of Omeprazole and nonsteroidal anti-inflammatory drugs. There is no documentation in the medical record of peptic ulcer disease, G.I. bleeding or concurrent aspirin use. Additionally, the injured worker has been on omeprazole as far back as July 9, 2013. The documentation doesn't state whether there was objective functional improvement with its use. Absent clinical documentation to support ongoing Omeprazole with risk factors and objective functional improvement associated Omeprazole use, Omeprazole 20 mg #23 between July 10, 2013 and September 8, 2013 is not medically necessary.

1 PRESCRIPTION OXYCONTIN 40MG #46: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 40 mg #46 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate

use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are lumbar radiculopathy; bilateral lumbar facet syndrome; chronic low back pain; and status post lumbar fusion L2, L3. The injured worker underwent anterior lumbar fusion at L2, L3 with interbody graft. The injured worker's subjective complaints are low back pain radiating to the lower extremities. The VAS pain score is five 6/10. On physical examination there is tenderness at L3 through L5 bilaterally; range of motion is limited; straight leg raising his positive bilaterally. The injured worker, in addition to OxyContin 40 mg, is taking Roxicodone, Tramadol, Norco for breakthrough pain, Xanax and Soma. A letter of medical necessity was provided by the pain management specialist on July 9 of 2013. The injured worker is taking multiple opiates, a benzodiazepine and a muscle relaxant, all of which have an additive effect on opiates. There is no clinical rationale the medical record indicating why 4 different opiates are required in this specific injured worker. There were no risk assessments in the medical record. There were no pain assessments in the medical record. There is no documentation with objective functional improvement in the medical record. There were no urine drug screens medical record. Consequently, absent clinical documentation to support the on-going use of OxyContin 40 mg taken in conjunction with three additional different opiates with evidence of objective functional improvement, OxyContin 40 mg #46 is not medically necessary.