

Case Number:	CM13-0048996		
Date Assigned:	12/27/2013	Date of Injury:	12/23/2009
Decision Date:	01/05/2015	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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 54-year-old female who experienced an industrial injury 12/23/09 while working as an administrative assistant. Neck, upper and lower back complaints began after she was required by the employer to pack boxes in preparation for the office to be moved. Upon physical examination on 10/10/13, there was tenderness to palpation bilaterally at the cervical musculature. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles, upper trapezius, medial scapular regions and bilateral suboccipital regions. She had decreased range of motion with obvious muscle guarding. Cervical spine flexion is at 30 degrees, and extension is 15 10 degrees, limited secondary to pain. The pain is also reproducible with cervical facet loading. Cervical spine MRIs were performed 12/07/10, and 04/10/12. On 12/07/10, the results revealed a C4-5 and C5-6 with a 5 mm posterior protrusion of the nucleus pulposus causing a 30 percent decrease in AT sagittal diameter of the cervical canal. There was bony hypertrophy of the articular facets. She also had a facet rhizotomy at L3-4 and L4-5, 07/30/12, which provided her with several months of relief but her pain has returned. She was prescribed Percocet 10/325 mg, 1 tablet daily; Norco 10/325 mg, 1 tablet 2-4 times a day as needed; Prilosec 20 mg, twice per day; Duragesic 25 mcg, every 48 hours; Xanax 0.5 mg, 1-2 at bedtime as needed, Dendracin topical analgesic cream; Wellbutrin 100 mg, three times per day; Trazodone 100 mg, at bedtime; Topamax 25 mg, twice per day; Celexa 20 mg, 1 tablet daily; and Seroquel 75 mg, 1 tablet at bedtime. The treating physician noted Prilosec was being utilized for GI protection as approved per MTUS risk factor such as NSAID's, chronic pain and stress, poor eating habits, nutrition, alcohol and smoke use. Per physician and Utilization Review's findings, Prilosec was denied due to the worker not displaying any GI symptoms, and the Percocet was denied indicating it was a duplicate type of medication and too similar to Norco 10/325 which the patient was already taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 121, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, Prilosec 20 mg, per ODG website.

Decision rationale: The cited guidelines mention that it should be determined if gastrointestinal events are a risk for the patient. Determination includes: 1. Over 65 years old; 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 usage. Long term PPI use over a year has been shown to increase the risk of hip fracture. This patient is not at intermediate risk of GI event, therefore the request is not medically necessary.

Percocet 10/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 126, 145, 147-150, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 75, 92, 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Appendix A, ODG Workers' Compensation Drug Formulary, Percocet 10/325, per ODG website

Decision rationale: Guidelines note that opiates are indicated for moderate to moderately severe pain. Opioid medications are not intended for long term use. As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opiates long term. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request is not reasonable to continue. Additionally, within the medical information available for review, there was no documentation that the prescriptions were from a single practitioner and were taken as directed and that the lowest possible dose was being used. Therefore, the request is not medically necessary.

