

Case Number:	CM14-0197656		
Date Assigned:	12/17/2014	Date of Injury:	02/04/2009
Decision Date:	01/31/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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 incurred a lower back injury on 2/4/09 after falling while working as a certified nursing assistant. The patient is status post lumbar decompressive surgery on 8/24/09 and fusions at L4-5 and L5-6 levels. According to 6/4/14 clinic notes from pain management, symptoms include increasing lower back pain and difficulty walking and performing activities of daily living. On physical she has an antalgic gait and positive right sided straight leg raise. There is limited lumbar range of motion and right L5 dermatome hypesthesia. The IW underwent further lumbar surgery on 6/25/14, L3-5 anterior/posterior fusion and right sided decompression and discectomy at L1-2. Preoperative diagnoses were degenerative spondylolisthesis at L3-4 and L4-5, spinal stenosis and radiculopathy. Physical therapy was conducted from 8/29/14 through 10/31/14; upon completion of PT she continues to have pain, weakness, poor functional activity tolerance and limited range of motion. According to 11/18/14 clinic note by the treating physician, the patient reports that hydrocodone and oxycodone do not appear to work as well as previously. She reports increasing neuropathic pain of the lower back and right lower extremity that is burning and numb. Current pain is 6/10 with medication and 9/10 without medication. She reports both decreased pain level and improved functional capacity with medications to the point she is able to participate with physical therapy. On exam she has diffuse lower back tenderness, significantly decreased lumbar range of motion, and positive right sided straight leg raise. She has no drug seeking behavior, there is a signed pain medication agreement, urine drug screening has been consistent and she is found to be at low risk for opioid abuse. Treatment plan is Fentanyl 12mcg/hr for baseline pain relief, hydrocodone/APAP 7.5mg/325mg as needed up to twice daily, gabapentin 300mg three times daily, omeprazole 20mg twice daily for dyspepsia and due to history of lap-band surgery, amitriptyline once nightly, and continuation of physical therapy. The provider notes that "oral medications have had significant side effects including GI

side effects and have not been beneficial, therefore dendracin lotion for neuropathic pain complaints is prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 12mcg/hr patch #15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: The IW has documented findings consistent with lumbar radiculopathy which is currently being treated by a first line neuropathic agent (gabapentin), however there continues to be breakthrough pain. The current dosing of Fentanyl patch is 12mcg/hr which equates to a MED of 28.8 and not 208.8 as listed in the UR. This current dosage is appropriate for treatment of the IW's chronic pain for the following clinical reasons: the dose is well below recommended maximum dosage of 100MED, there has been no recent escalation, there has been no aberrant prescribing such as early refills or lost pills, there is no report of adverse drug effects or evidence of abuse, UDS have been appropriate for the prescribed medication, there is appropriate follow-up, opioids are used as a second line agent to an appropriate first line medication, and the treating physician reports in the clinical record that the patient has had improved pain symptoms and functional capacity with the current dosage of opioids. Therefore the request is medically necessary.

Oxycodone 20mg/ml #120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-96.

Decision rationale: The initial UR rejects short-acting opioid, oxycodone on the basis that "MED is documented at 208.8. The chart note from October demonstrates pain dropping from 9 to 6 which is a 33% reduction. Thus medication has been denied given the lack of efficacy commensurate with dosage". As mentioned above, the UR made an error in reporting MED. The dose of basal long-acting Fentanyl is 28.8. The oxycodone prescribed is in a liquid dosing. While short acting opioids may be appropriate taken as needed for breakthrough pain, the current dosing of liquid is not appropriate for two reasons. 1) There is no clear reason why the patient cannot take oxycodone in tablet form. There is reported GI symptoms with oral medications, however this would be equivalent with both liquid and tablet form and the IW is taking medication for these GI symptoms. Liquid formulation increases the risk of overdose and abuse and is not clinically necessary based on the provided records. 2) the dose of 20mg/ml, 4 ml a

day, equates to 80mg daily which is a MED of 120mg. This brings total opioid use above the upper recommended guideline and increases risk of adverse drug effects, abuse and tolerance. While a lower dosage of oral oxycodone tablets may be appropriate, the prescribed dosage of oxycodone liquid preparation is not medically necessary.

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: Omeprazole is an appropriate treatment for gastritis related to chronic medications. The UR states that omeprazole is not appropriate since there is no clear evidence linking gastritis to medication use. According to my review, the 11/18/14 states that "oral medications have had significant side effects including GI side effects". Consequently use of omeprazole is appropriate and medically necessary treatment for medication related gastritis.