

Case Number:	CM14-0209886		
Date Assigned:	12/22/2014	Date of Injury:	01/08/2003
Decision Date:	02/27/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of January 8, 2003. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve requests for Dexilant and Percocet. The claims administrator referenced a November 4, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On December 8, 2014, the applicant reported persistent complaints of neck pain radiating into the right upper extremity. The applicant was pending a nerve root block. The applicant was wearing a wrist brace of some kind with positive Spurling maneuvers noted. The applicant was status post earlier lumbar fusion surgery and also had residual cervical radicular complaints, it was stated. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy on this particular date. On November 4, 2014, the applicant reported 9-10/10 neck, mid back, and upper extremity pain. The applicant had reported a flare of pain over the past few days, attributed to cold weather. 4-8/10 pain with medications was noted versus 9-10/10 pain without medications. The applicant's medications included Duragesic, Neurontin, Percocet, Topamax, Dexilant, and Atarax. The applicant was severely obese, with the BMI of 37. The applicant received refills of Duragesic, Percocet, Topamax, and Dexilant. There was no mention of any issues with reflux, heartburn, or dyspepsia on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dexilant DR 60mg #30 + 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 12th Edition (web) 2014 Proton Pump Inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Dexilant are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on several progress notes, referenced above. Therefore, the request was not medically necessary.

Percocet 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, on total temporary disability, as of progress notes dated December 8, 2014 and October 22, 2014. While the attending provider did report on November 4, 2014 that the applicant's pain levels were reduced from 9-10/10 without medications to 4-8/10 with medications, these reports are, however, outweighed by the applicant's failure to return to work and the attending provider failure to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing Percocet usage. Therefore, the request was not medically necessary.