

Case Number:	CM14-0212745		
Date Assigned:	12/30/2014	Date of Injury:	11/11/2011
Decision Date:	05/20/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/18/2014

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: California
Certification(s)/Specialty: Family Practice

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 38 year old, male who sustained a work related injury on 11/11/11. The diagnoses have included status post lumbar surgery, lumbar disc protrusion, postoperative lumbar muscle strain and myofascial pain, urinary retention, chronic constipation and chronic opiate use. The treatment has included medications, pain patches, MRIs, home exercises, epidural injections, physical therapy, TENS unit therapy and lumbar surgery. In the follow-up visit note dated 11/11/14, the injured worker complains of moderate low back pain. The pain radiates into his right buttock and down right leg. He has numbness and tingling in the right leg. The treatment plan is new prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-82.

Decision rationale: According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.

Prontonix 40mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk. Decision based on Non-MTUS Citation ODG Treatment, Pain (chronic), PPI.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular effects Page(s): 68.

Decision rationale: Based on guidelines for patients with intermediate risk for GI events a non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) is recommended. According to the medical records there is no documentation that the patient is at increased risk of gastritis or is at intermediate risk. Therefore, the request is not medically necessary.