

Case Number:	CM14-0086614		
Date Assigned:	07/23/2014	Date of Injury:	08/08/1997
Decision Date:	05/22/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 70 year old male, who sustained an industrial injury on 08/08/1997. He has reported subsequent neck, low back, upper extremity and lower extremity pain and was diagnosed with myofascial syndrome, post-laminectomy syndrome, lumbar radiculopathy and bilateral sacroiliac joint arthropathy. Treatment to date has included oral pain medication, transforaminal epidural steroid injections and bilateral sacroiliac joint steroid injections. In a progress note dated 05/13/2014, the injured worker complained of significant low back pain. Objective findings were notable for an antalgic gait, tenderness to palpation of the cervical spine, paraspinal and lumbar musculature and sacroiliac joints, positive straight leg raise bilaterally, positive Patrick's and FABER's test. A request for authorization of Percocet and Nexium was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg #90: 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): 76-85, 88-89.

Decision rationale: This 70 year old male has complained of neck pain and low back pain since date of injury 8/8/97. He has been treated with physical therapy, epidural steroid injections and medications to include opioids since at least 11/2012. The current request is for Percocet. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Percocet is not medically necessary.

Nexium 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation National guideline clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 70 year old male has complained of neck pain and low back pain since date of injury 8/8/97. He has been treated with physical therapy, epidural steroid injections and medications. The current request is for Nexium. Per the MTUS guideline cited above, there are no medical reports which adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Nexium is not medically necessary in this patient.