

Case Number:	CM15-0002861		
Date Assigned:	01/13/2015	Date of Injury:	12/03/1991
Decision Date:	03/23/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old female who reported an injury on 12/03/1991. The mechanism of injury was not specifically stated. The current diagnosis is spinal/lumbar degenerative disc disease. The injured worker presented on 10/20/2014 with complaints of increased low back pain radiating into the bilateral lower extremities. The injured worker also reported poor sleep quality. The current medication regimen includes Prilosec 20 mg, methadone 10 mg, oxycodone 15 mg, promethazine 25 mg, Ultram 50 mg, Norco 10/325 mg, baclofen 10 mg, and Ultram ER 100 mg. There was no physical examination provided on the requesting date. It was noted that the injured worker was pending authorization for a spinal cord stimulator trial. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg cap sig 1 daily qty 30, 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult; Official Disability Guidelines - TWC Pain Procedure Summary (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not currently meet criteria for the requested medication. As such, the request is not medically appropriate.

Oxycodone Hcl 15mg tab sig 1 tab po Q4hrs qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized the above medication. There is no documentation of objective functional improvement. The ongoing use of oxycodone HCL 15 mg would not be supported. As such, the request is not medically appropriate.