

<b>Case Number:</b>	CM15-0005172		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii  
 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 52 year old male who sustained an industrial injury on January 17, 2014. He has reported pain in the lower back radiating down to both lower extremities and has been diagnosed with cervical myoligamentous injury with associated cervicogenic headaches and bilateral upper extremity radicular symptoms, left thumb sprain/strain, and lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. Treatment to date has included medications, physical therapy, TENS unit, brace, chiropractic therapy, and medical imaging. Currently the injured worker complains of lower back pain from 0-10 as 8 in intensity aggravated by any type pf bending, twisting, and turning. The treatment plan included medication refills. On January 6, 2015 Utilization Review non certified Prilosec 20 mg # 60 and Oxycontin 20 mg # 60 citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with pain in the lower back radiating down to both lower extremities and has been diagnosed with cervical myoligamentous injury with associated cervicogenic headaches and bilateral upper extremity radicular symptoms, left thumb sprain/strain, and lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. The current request is for Prilosec 20mg #60. The treating physician states in the 12/17/14 (B114) treatment report that 'the patient complains of medication-induced gastritis symptoms for which he requires Priolsec on a b.i.d. basis' Additionally the physician notes the patient presents several risk factors as defined by MTUS including 'obesity, age, NSAID's, chronic pain and stress, poor eating habits and nutrition, some alcohol and smoking use.' The patient is taking OxyContin, Anaprox, and Prilosec. MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The clinical history in this case has documented that the patient is at risk or currently experiencing gastritis symptoms. Recommendation is for authorization.

**Oxycontin 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The patient presents with pain in the lower back radiating down to both lower extremities and has been diagnosed with cervical myoligamentous injury with associated cervicogenic headaches and bilateral upper extremity radicular symptoms, left thumb sprain/strain, and lumbar myoligamentous injury with bilateral lower extremity radicular symptoms. The current request is for Oxycontin 20mg #60. The treating physician states in the 12/17/14 (B114) treating report that 'he is currently on OxyContin which has been beneficial and enables him to function on daily basis.' The patient was cleared to return back to work modified duty however his employer has been unable to accommodate his work restrictions. OxyContin (oxycodone) is an opioid pain medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, OxyContin usage has resulted in 40% to 50% pain relief and enables him to function on daily basis sufficient to be deemed able to return to work however the clinical history does not discuss side effects or aberrant behavior. Additionally not included in the clinical history are the patient's pain assessment or outcome measures that are required by the MTUS guidelines. The MTUS guidelines require much more through documentation for chronic opiate

use. Therefore, the current request is not medically necessary based upon the clinical history documented and the recommendation is for denial.