

Case Number:	CM15-0005811		
Date Assigned:	01/26/2015	Date of Injury:	12/09/2008
Decision Date:	03/16/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/12/2015

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
 Certification(s)/Specialty: Emergency 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 injured worker is a 60 year old female, who sustained an industrial injury on 12/09/2008 when she slipped and fell at work as a Registered Nurse. The diagnoses have included lumbar spine strain/sprain, left knee internal derangement, lumbar spine discopathy, lower extremity radiculitis, left shoulder impingement syndrome, status post right total knee arthroplasty and status post left hip arthroplasty. Treatment to date has included revision left total hip arthroplasty (8/19/2013), physical therapy, activity modifications and medications. Currently, the IW complains of constant pain in the lumbar spine. Objective findings included positive McMurry's sign and limited, painful range of motion in the left hip. She uses a cane for ambulation. On 1/05/2015, Utilization Review non-certified a request for Percocet 10/325mg #60 and Prilosec 20mg #60, noting that the clinical findings do not support the medical necessity of the treatment, and lack of documentation of functional improvement. MTUS, Non-MTUS and ODG were cited. On 1/12/2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg #60 and Prilosec 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 mg, Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92. Decision based on Non-MTUS Citation American Pain Society (APS) and the American Academy of Pain Medicine (AAPM) Guideline

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): Pages.

Decision rationale: The requested Percocet 10/325 mg, Qty: 60.00 , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant pain in the lumbar spine. The treating physician has documented a positive McMurry's sign and limited, painful range of motion in the left hip. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325 mg, Qty: 60.00 is not medically necessary.

Prilosec 20mg, Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and SSRIs Page(s): 69.

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

Decision rationale: The requested Prilosec 20mg, Qty: 60.00, is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has constant pain in the lumbar spine. The treating physician has documented a positive McMurry's sign and limited, painful range of motion in the left hip. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Prilosec 20mg, Qty: 60.00 is not medically necessary.