

Case Number:	CM15-0007625		
Date Assigned:	01/26/2015	Date of Injury:	08/09/1997
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, 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 (IW) is a 51 year old female who sustained an industrial injury on 08/09/1997. Currently, the IW complains of low back pain with radiation down both legs to the feet that is worse on the left leg. The pain was described as constant, sharp and burning with numbness and tingling in both feet. The IW was diagnosed with lumbar sprain/strain, lumbar degenerative disc disease, lumbar disc displacement and post laminectomy syndrome of the lumbar spine. Treatments consist of rest, nonsteroidal anti-inflammatories, physical therapy and epidural steroid injections. A new lumbar spine MRI demonstrated spinal stenosis and a new bulging disc at L5-S1. In a October 2014, the claimant's pain was 8/10 while on Norco and Celebrex. At which time the claimant was started on Percocet. Omeprazole was used chronically for GI protection. On 12/16/2014 Utilization Review modified a request for Percocet 10/325 MG #120, to Percocet 10/325 MG #90 noting the Percocet does not appear medically appropriate as there was pain improvement but there was no indication of functional improvement and long term use is not recommended. The MTUS, Chronic Pain Guidelines were cited. On 12/16/2014 Utilization Review non-certified a request for Omeprazole 20 MG #30, noting the IW did not appear to be a candidate for its use as it was recently documented that omeprazole was not helpful to her. MTUS, Chronic Pain Guidelines, were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. No one opioid is superior to another. Recent pain score levels were not noted for comparison to prior Norco use. The continued use of Percocet is not medically necessary.

Omeprazole 20 MG #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.