

Case Number:	CM15-0007642		
Date Assigned:	01/26/2015	Date of Injury:	11/17/2008
Decision Date:	04/13/2015	UR Denial Date:	12/18/2014
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: 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 65-year-old male who reported an injury on 11/17/2008. The mechanism of injury was the injured worker's truck got stuck in the mud while hauling dirt and another employee was using a tractor and trying to push the injured worker's truck out, and then the tractor "slammed" into the rear of the injured worker's trailer and pushed the injured worker's vehicle which went about 8 feet. The injured worker was noted to utilize opiates, Viagra, and PPIs since 2012. The documentation of 01/07/2015 revealed the injured worker had a long-standing history of neck pain and back pain. The injured worker was utilizing buprenorphine twice a day 2 mg sublingual tablets and was utilizing proton pump inhibitors for gastroesophageal reflux. The injured worker indicated the pain was worse with standing, walking, bending or lifting more than about 15 minutes. The injured worker indicated his pain was 5/10 with medication and 9/10 to 10/10 without medication. The injured worker had no radiating pain in the left leg and indicated he needed a refill of medication and the injured worker had associated symptoms of erectile dysfunction. The injured worker indicated that Viagra was effective for the erectile dysfunction. The injured worker was utilizing the medication Viagra 100 mg 1 by mouth 30 minutes before sexual intercourse, cyclobenzaprine 10 mg one half to 1 tablet by mouth every 8 hours, and buprenorphine 2 mg tablets sublingual one half tablet under the tongue twice a day for pain, and Prilosec DR 20 mg 1 every 12 hours. The treatment plan included the prescriptions. Physical examination revealed decreased range of motion in the cervical spine. The surgical history included a cervical spine surgery. The diagnoses included cervical disc displacement syndrome, postlaminectomy cervical, degeneration of the disc, neck

pain, and long-term meds nec. The injured worker underwent urine drug screens in regards to opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Buprenorphine 2mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications since at least 2012. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects and had objective pain relief. However, there is a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the date of service and the frequency for the requested medication. Given the above, the request for (1) Prescription of Buprenorphine 2mg, #30 is not medically necessary.

(1) Prescription of Prilosec DR 20mg #90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System, Gastroesophageal reflux disease (GERD).

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate the proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. Additionally, it is utilized for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the proton pump inhibitor was utilized for gastroesophageal reflux. However, the efficacy was not provided. The request as submitted failed to indicate the date of service and the frequency for the requested medication. The documentation failed to indicate a necessity for 3 refills without re-evaluation. Given the above, the request for (1) Prescription of Prilosec DR 20mg #90 with 3 refills is not medically necessary.

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