

<b>Case Number:</b>	CM15-0109967		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	08/14/1999
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 75-year-old female, who sustained an industrial/work injury on 8/14/99. She reported initial complaints of low back pain. The injured worker was diagnosed as having post laminectomy syndrome, degenerative lumbar intervertebral disc disease, and chronic pain syndrome. Treatment to date has included medication and diagnostics. MRI results were reported on 10/12/12. X-Rays results were reported on 10/29/14. Currently, the injured worker complains of low back pain with radicular symptoms with weakness in the legs. There was also neck pain, numbness, tingling, and weakness in the forearms and hands, improving slightly. Per the primary physician's progress report (PR-2) on 4/29, examination revealed severely limited lumbar range of motion, 1+/4 deep tendon reflexes of knee and ankle, normal motor exam, and decreased sensation to L4-S1 on the right. A cane is required to ambulate. There is tenderness to palpation in the lumbar region. Current plan of care included refill of medication with follow up in 4 weeks. The requested treatments include remaining Oxycontin 20mg and Nexium 40mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remaining Oxycontin 20mg, #270 and (refills: 4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, remaining OxyContin 20 mg #270 and refills #4 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are post laminectomy syndrome lumbar region; degeneration lumbar intervertebral disc; other chronic pain; spasm muscle; and lumbar discitis. The date of injury is August 14, 1999. The injured worker has had chronic pain for 15 years. The medical record page 40 pages. The injured worker has been taking OxyContin 20 mg for an indeterminate number of years. The earliest progress note containing OxyContin 20 mg is dated December 3, 2014. There are no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There were no pain agreements/contracts in the medical record. There is no attempt at opiate weaning in the medical record. Consequently, absent clinical documentation for the risk assessment, detailed pain assessment, pain contract, attempt at weaning opiates with a 15-year history of chronic pain, remaining OxyContin 20 mg #270 and refills #4 is not medically necessary.

**Nexium 40mg, #14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms and cardiovascular risk, PPIs.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Official Disability Guidelines, Nexium 40 mg #14 is not medically necessary. Nexium is a proton pump inhibitor. Nexium is recommended for patients at risk for gastrointestinal events. Prilosec, Prevacid and Nexium are all PPIs. Omeprazole provides statistically significant greater acid control than lansoprazole. Prilosec is more affordable than Nexium. Nexium is not available in generic. The use of proton pump inhibitors should be limited to the recognize indications and use at the lowest dose for the shortest possible amount of time. A trial of Omeprazole or lansoprazole is recommended before Nexium therapy. In this case, the

injured worker's working diagnoses are post laminectomy syndrome lumbar region; degeneration lumbar intervertebral disc; other chronic pain; spasm muscle; and lumbar discitis. The date of injury is August 14, 1999. The injured worker has had chronic pain for 15 years. The medical record page 40 pages. Guidelines recommend a trial of omeprazole or lansoprazole before Nexium therapy. There is no documentation in the 40 page medical record indicating a trial of omeprazole or lansoprazole. Consequently, absent clinical documentation of a proton pump inhibitor trial with omeprazole and lansoprazole, Nexium 40 mg #14 is not medically necessary.